

II

COUNTY BOROUGH OF DERBY



ANNUAL REPORTS

OF THE

Medical Officer of Health

AND

Principal School Medical Officer

FOR THE

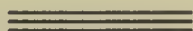
Year, 1963

BY

V. N. LEYSHON, M.D.(LOND.), D.P.H.



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Public Health Department,
The Council House,
Corporation Street,
Derby.

TO THE CHAIRMAN AND MEMBERS OF THE
HEALTH AND EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report for 1963.

The estimated population has decreased by 280 to 131,630. The birth rate has fallen slightly from 17.75 (1962) to 17.74 (1963). The death rate has increased from 12.73 (1962) to 13.34 (1963). The still-birth rate has decreased from 24.10 (1962) to 18.90 (1963). The infantile death rate has increased from 20.06 (1962) to 20.91 (1963). There were no maternal deaths in 1963.

I regret to state that no progress was made during the year in the provision of a chiropody service.

The work of the various services of the Department is described in detail in the Report.

I should like to close on a personal note and thank you, Mr. Chairman, and all the members of the Health Committee for the assistance, encouragement and support I have invariably received from yourself and them. I should also like to add my appreciation of the friendly advice and help always freely available from the officers of other departments of the Corporation; and finally I wish to thank the entire staff for their willing co-operation and service during the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. N. LEYSHON.

COUNTY BOROUGH OF DERBY.

HEALTH COMMITTEE.

Chairman : ALDERMAN E. A. ARMSTRONG.

Deputy Chairman : COUNCILLOR J. DILWORTH.

ALDERMAN BOWMER.	COUNCILLOR JARVIS.
„ PHILLIPS.	„ LAMB.
„ MRS. RIGGOTT.	„ LONGDON.
COUNCILLOR BENTLEY.	„ MRS. O'DONNELL.
„ CLAY.	„ PENN.
„ MRS. COOKE.	„ STOKES.
„ CUMBERLAND.	„ STOTT.
„ GUEST.	

Functions :—General Administration.

Ambulance Service.

To receive minutes of the Sanitary Sub-Committee and to confirm minutes of the Health Services Sub-Committee.

HEALTH SERVICES SUB-COMMITTEE.

THE CHAIRMAN AND DEPUTY CHAIRMAN.

ALDERMAN BOWMER.	COUNCILLOR MRS. O'DONNELL.
„ PHILLIPS.	„ PENN.
„ MRS. RIGGOTT.	„ STOTT.
COUNCILLOR BENTLEY.	*DR. A. H. D. HUNTER.
„ CLAY.	*DR. D. H. RHIND.
„ MRS. COOKE.	*MR. N. MCKANE.
„ LONGDON.	

Functions :—Duties under the relevant Acts in relation to :—

Care of Mothers and Young Children (including Day Nurseries).

Welfare Foods.

Care and After Care.

Domestic Help.

Home Nursing.

Health Visiting.

Midwifery.

Vaccination and Immunisation.

Ascertainment of Mental Deliciency.

Care and After Care in Mental Health.

Certification, etc., under the Lunacy Acts.

Occupation Centre.

*—*Co-opted Members.*

SANITARY SUB-COMMITTEE.

THE CHAIRMAN AND DEPUTY CHAIRMAN.

ALDERMAN MRS. RIGGOTT.	COUNCILLOR LONGDON.
COUNCILLOR MRS. COOKE.	„ MRS. O'DONNELL.
„ CUMBERLAND.	„ PENN.
„ GUEST	„ STOKES.
„ HAGUE.	„ SWAIN.
„ JARVIS.	

Functions :—Duties under the relevant Acts in relation to :—
Environmental Hygiene.

EDUCATION COMMITTEE.

Chairman : COUNCILLOR DILWORTH.

Deputy Chairman : ALDERMAN RUSSELL.

ALDERMAN LUCKETT.	COUNCILLOR MRS. O'DONNELL.
„ STURGESS.	„ SLACK.
„ PHILLIPS.	„ STOKES.
COUNCILLOR MRS. ARMSTRONG.	„ STOTT.
„ BURROWS.	„ TILLET.
„ COLLIER.	„ T. L. WHITE.
„ MRS. COLLIS.	„ MRS. WOOD.
„ DILWORTH.	*REV. A. BALDING.
„ GUEST.	*ALD. MRS. A. M. BELFIELD.
„ HARPER.	*MR. A. N. BUCHAN.
„ JARVIS.	*MR. V. T. S. CRESSWELL.
„ JONES.	*CANON H. S. O'NEILL.
„ LAMB.	*MR. B. J. SHINGLETON.
„ MRS. MACK.	

SPECIAL SERVICES SUB-COMMITTEE.

CHAIRMAN AND DEPUTY CHAIRMAN OF EDUCATION COMMITTEE EX-OFFICIO
MEMBERS.

ALDERMAN PHILLIPS.	COUNCILLOR MRS. O'DONNELL.
COUNCILLOR MRS. ARMSTRONG.	„ STOTT.
„ GUEST.	„ MRS. WOOD.
„ HARPER.	*REV. A. BALDING.
„ JARVIS.	*MR. A. N. BUCHAN.
„ JONES.	*MR. B. J. SHINGLETON.
„ MRS. MACK.	

Functions :—The School Health Service.

*—*Co-opted Members.*

STAFF.

MEDICAL.

Medical Officer of Health and Principal School Medical Officer :—

V. N. LEYSHON, M.D. (Lond.), D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer :—

J. E. MASTERSON, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officers of Health :—

G. W. R. MACGREGOR, L.R.C.P., L.R.C.S., L.R.F.P.S.

MARGARET M. F. ROBINSON, M.D. (Belfast), B.A.O., D.P.H.,
L.M. (Belfast).

*A. DALZIEL, M.B., Ch.B.

School Medical Officers :—

C. L. NOBLE, M.R.C.S., L.R.C.P.

E. B. PAGE, M.B., B.S.

M. NEWLANDS, M.B., Ch.B.

*A. DALZIEL, M.B., Ch.B.

*A. MORRISON, L.R.C.P. & S. (Ed.), L.R.F.P.S. (Glas.)

Chest Physician :—

*HUGH GERARD GRACE, M.B., Ch.B.

Consultant :—

*R. J. M. JAMIESON, M.B., B.Ch., M.R.C.O.G.,
Obstetrician and Gynaecologist.

Psychiatrist :—

*T. A. RATCLIFFE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.I., D.P.M.,
D.C.H.

DENTAL.

Principal School Dental Officer :—

FREDERICK GROSSMAN, L.D.S. (Q.U. Belfast).

Assistant Dental Officers :—

MOIRA RIGBY, L.D.S., R.F.P.S. (Glas.).

*ELIZABETH S. WOOD, L.D.S. (Glas.).

PETER J. SKINNER, B.D.S. (Edin.).

Anaesthetist :—

*E. ANDERSON, M.B., Ch.B., D.A.

Dental Auxiliary :—

R. M. GRIFFITHS.

NON-MEDICAL.

Chief Clerk :—

H. THURMAN.

Clerks :—

HEALTH OFFICE 30, SCHOOL CLINIC 11, INCLUDING 1 PART-TIME,
WELFARE CENTRES 3.

Senior Social Case Worker :—

RICHARD L. CARABINE, A.M.I.A.

Social Case Workers :—

ESTABLISHMENT 2.

MRS. P. SMITH, Associate Member of The Institute of Almoners and
B.Comm. (Social Studies).

MRS. A. K. HOLMES, Upper Second Honours Degree in Sociology.

Trainee Social Case Worker :—1.

Supervisor of Day Nurseries :—

MRS. M. R. MOSS, S.R.N., Nursery Diploma.

Day Nurseries :—

MATRONS 4, STAFF NURSERY NURSES 9, NURSERY ASSISTANTS 9,
NURSERY STUDENTS 29, WARDENS 0, DOMESTICS 9, CARETAKER 1.

Senior Mental Welfare Officer :—

F. F. WRIGHT.

Mental Welfare Officers :—

MISS A. GRIFFIN.

J. W. SCOTT.

MRS. J. PEGRAM (Née Peach). A. CRABTREE, S.R.N., R.M.N.

Trainee Mental Welfare Officer :—1.

Occupational Therapist :—

MRS. E. M. BENTLEY, R.M.P.A., R.M.M. Cert., M.A.O.T. Diploma.

Superintendent Health Visitor :—

MISS J. HEADINGTON, S.R.N., H.V., Housekeeping Cert.

Health Visitors 14 (2 vacancies) (including 2 part-time), *School Nurses*
5, *Tuberculosis Nurses* 2.

Supervisor of Home Helps :—

MRS. E. C. BAKER.

Assistant Supervisors :—1.

Home Helps :—121 PART-TIME.

Superintendent of Home Nursing Service :—

MISS D. M. CLEWES, S.R.N., S.C.M., H.V. Cert.

Deputy Superintendent :—1.

Home Nurses :—20 FULL-TIME.

*Non-Medical—continued.**Junior Training Centre :—*

SUPERVISOR (qualified) 1. ASSISTANT SUPERVISORS (qualified) 1, (un-qualified) 4, TRAINEE 1, DOMESTIC 3 (including cooks), *GUIDES 7. CLEANER 1, CARETAKER 1.

Midwifery :—

*Domiciliary Midwives :—*13 (1 vacancy).

Psychologist :—

MR. G. TODD, M.A., A.B.Ps.S.

Public Analyst :—

*R. W. SUTTON, B.Sc., F.R.I.C.

Psychiatric Social Worker :—

*MRS. G. M. COWELL, B.Com. (Social Studies) Birmingham, Mental Health Certificate.

Remedial Teacher :—

Miss D. M. HARDY, National Froebel Cert.

Chief Public Health Inspector :—

R. DAVIES, M.S.I.A.

Deputy Chief Public Health Inspector :—

A. WENN, M.S.I.A.

*Public Health Inspectors (All Branches) :—*8 (3 vacancies)

*Trainee Public Health Inspectors :—*3 (1 vacancy).

Technical Assistant :—(1 vacancy).

RODENT CONTROL OFFICER 1, RODENT OPERATORS 4.

Sewage Works Analyst :—

*G. GREENE, A.M.C.T., A.M.Inst.S.P., and four Assistants.

**Senior Speech Therapist :—*

Miss A. M. FLEMING, L.C.S.T.

**Speech Therapist :—*

Miss M. A. SMART, L.C.S.T.

Remedial Gymnast :—

GEORGE SOMMERVILLE, M.S.R.G.

MEDICAL ATTENDANTS 4, DENTAL SURGERY ASSISTANTS 6, CLEANSING ATTENDANTS 3, GENERAL LABOURER 1, *WELFARE ASSISTANTS 3, *WELFARE DOMESTIC 1.

*—*Part-time.*

As at 31st December, 1963.

I—GENERAL.

STATISTICAL SUMMARY.

Area of Borough	8,116 Acres.
Elevation above sea level	<div> <div>highest, Burton Road ... 325 ft.</div> <div>lowest, Alvaston Ward... 126 ft.</div> <div>Market Place ... 157 ft.</div> </div>
Population at Census, 1961	<div> <div>Males 65,229</div> <div>Females 67,179</div> </div> ... 132,408
Estimated Population for 1963 (Mid-year)	131,630
Number of Houses (1961 Census)	42,190
„ Inhabited Houses at 31/3/1964 (according to Rate Books)	40,609
„ Uninhabited Houses at 31/3/1964 (according to Rate Books, including property scheduled for demolition)	689
Number of Families or separate Occupiers (Census, 1961)	43,081
Number of persons per acre at Census, 1961	16.3
„ „ „ 1951	17.4
Number of persons per House at Census, 1961	3.13
„ „ „ 1951	3.56
•Rateable Value of the Borough (General Rate)	£6,612,855
Estimated amount realised by a Penny Rate	£26,200

1963

Live Births	2,336
Live Birth Rate per 1,000 population	17.74
Illegitimate Live Births per cent. of total live births	9.65
Still Births	45
Still Birth Rate per 1,000 live and still births	18.90
Total Live and Still Births	2,381
Infant Deaths	48
Infant Mortality Rate per 1,000 live births—Total	20.91
„ „ „ —Legitimate	25.78
„ „ „ —Illegitimate	17.24
Neo-Natal Mortality Rate per 1,000 live births	18.30
Early Neo-Natal Mortality Rate per 1,000 live births (under 1 week)	18.30
Perinatal Mortality Rate (still births and deaths under 1 week combined) per 1,000 total live and still births	35.19
Maternal Deaths (including abortion)	Nil
Maternal Mortality Rate per 1,000 live and still births	Nil

Marriages	...	...	...	...	...	...	...	...	1,098
No. of Marriage per 1,000 population	...	...	...	...	...	...	...	...	8.34
Birth Rate adjusted by Area Comparability Factor (1.00)	...	...	...	...	...	...	...	...	17.92
Deaths	...	...	...	...	...	...	...	...	1,740
Death Rate per 1,000 population	...	...	...	...	...	...	...	...	13.34
Death Rate adjusted by Area Comparability Factor (1.01)	...	...	...	...	...	...	...	...	13.07
Percentage of Deaths occurring in Public Institutions	...	...	...	...	...	...	...	...	48.86
Excess of Births registered over Deaths	...	...	...	...	...	...	...	...	594
Deaths from Measles (all ages)	...	...	...	...	...	...	...	...	Nil
„ Whooping Cough (all ages)	...	...	...	...	...	...	...	...	Nil
„ Diarrhoea (under two years of age)	...	...	...	...	...	...	...	...	1
„ Zymotic Diseases	...	...	...	2	Rate	...	...	...	.015
„ T.B. of Respiratory System	...	4	per	...	...	...	...	...	.030
„ Other Tuberculous Diseases	...	Nil	1,000	...	...	...	...	...	—
„ Respiratory Diseases	...	310	population	2.35	...	...	...	...	2.35

NATIONAL STATISTICS.

	E. & W.	LONDON ADMINISTRATIVE COUNTY.	DEBBY.
Birth Rate	18.2	20.0	17.92
Death Rate	12.2	12.5	13.07
Infantile Mortality (per 1,000 Births)..	21.1	21.8	20.91

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.																	TOTAL DEATHS IN PUBLIC INSTITUTIONS.			
	All Ages.	0-	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Residents.	Non- Residents.	Non- Civilian.	Non- Transferable.	
Tuberculosis, Respiratory	4	..	..	..	..	..	..	..	..	..	..	2	..	1	1	..	3	1	..	..
Tuberculosis, Other	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilitic Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infections	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
Acute Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Infective and Parasitic Diseases	3	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1	2	1	..	..
Malignant Neoplasm—																					
Stomach	43	..	..	..	..	..	..	..	..	..	..	..	6	9	16	12	18	12	..	33
Lung, Bronchus	68	..	..	..	..	..	..	..	..	..	..	1	7	28	26	6	68	42	..	..
Breast	27	..	..	..	..	..	..	..	..	..	..	3	4	5	4	11	27	20	..	44
Uterus	17	..	..	..	..	..	..	..	..	..	..	..	2	6	7	2	17	8	..	11
Other Malignant and Lymphatic Neoplasms	133	..	..	..	1	..	2	1	..	..	2	3	16	35	29	44	133	121	..	133
Leukæmia, Aleukæmia	8	..	..	..	..	..	..	..	1	..	..	..	1	2	2	2	8	17	..	..
Diabetes	7	..	..	..	..	..	..	..	..	..	1	..	..	..	3	3	7	9	..	..
Vascular Lesions of																					
Nervous System	212	..	..	..	..	..	..	..	..	..	1	5	10	27	75	94	212	154	..	411
Coronary Disease, Angina	318	..	..	..	..	..	..	..	..	..	2	5	25	78	97	111	318	163	..	211
Hypertension with Heart Disease	32	..	..	..	..	..	..	..	..	..	..	1	5	10	16	32	17	..	..	6
Other Heart Disease	152	..	..	..	..	..	..	..	..	..	1	4	7	14	30	96	152	61	..	24
Other Circulatory Disease	144	..	..	..	..	..	..	..	..	..	..	3	13	28	100	144	60	..	..	31
Influenza	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..
Pneumonia	167	8	1	..	1	..	..	..	..	..	..	4	6	13	54	80	167	89	..	39
Bronchitis	135	..	..	..	..	1	..	..	..	..	..	5	6	42	39	42	135	50	..	7
Other Diseases of																					
Respiratory System	8	..	..	..	..	..	..	..	..	..	..	1	4	1	2	8	5	..	..	2
Ulcer of Stomach and Duodenum	15	..	..	..	..	..	..	..	..	..	..	1	3	2	3	6	15	18	..	3
Gastritis, Enteritis and Diarrhœa	4	1	..	..	..	..	..	..	..	..	..	..	1	2	..	4	8	..	..	..
Nephritis and Nephrosis	18	..	..	..	1	..	..	..	..	..	2	1	2	3	4	5	18	27	..	2
Hyperplasia of Prostate	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1	..	..	1
Pregnancy, Childbirth, Abortion	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	12	10	1	..	..	..	..	..	..	..	..	1	..	..	..	..	12	12	..	..
Other Defined and Ill- Defined Diseases	145	26	..	..	..	..	..	1	..	3	3	5	15	23	69	145	152	..	..	29
Motor Vehicle Accidents	16	..	..	..	..	..	3	3	..	1	2	3	..	1	3	16	47	..	..	..
All Other Accidents	32	..	..	..	..	..	..	1	..	..	2	3	4	7	15	32	34	..	..	2
Suicide	16	..	..	..	..	..	..	..	1	1	2	3	5	2	2	16	4	..	..	..
Homicide and Operations of War	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Totals	1740	45	2	3	3	5	6	1	14	44	114	314	466	723	1695	1082	..	..	..	224

Causes of Death during 10 years, 1953-1963.

CAUSE OF DEATH.	YEARS.									
	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Tuberculosis, Respiratory	22	22	13	10	9	10	15	11	11	4
Tuberculosis, Other	1	2	1	2	..	..	1	..	..	..
Syphilitic Disease	4	5	5	..	4	3	2	4	..	..
Diphtheria .. ..	..	..	..	..	..	..	2	..	..	..
Whooping Cough .. ..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infections	3	1	..	1	..	1	1	1	1	1
Acute Poliomyelitis .. ..	..	1	..	..	..	..	..	..	..	..
Measles .. ..	..	1	..	..	..	..	..	..	..	..
Other Infective and Parasitic Diseases	3	..	3	..	2	1	1	..	2	3
Malignant Neoplasms	256	249	304	271	275	257	280	283	255	290
Leukæmia, Aleukæmia	11	6	6	9	7	6	8	5	4	8
Diabetes	10	7	6	9	12	7	7	11	11	7
Vascular Lesions of Nervous System..	203	240	216	201	211	216	210	200	194	212
Heart Disease	553	608	586	569	557	579	567	624	628	502
Other Circulatory Disease	101	91	89	97	103	89	94	90	84	144
Influenza	2	8	2	15	6	11	1	12	5	2
Pneumonia	80	113	129	121	145	151	185	221	169	167
Bronchitis	69	71	88	83	79	77	85	99	110	135
Other Diseases of Respiratory System	21	20	13	17	18	16	12	8	11	8
Ulcer of Stomach and Duodenum ..	19	17	18	15	12	14	17	12	13	15
Gastritis, Enteritis and Diarrhœa ..	8	7	10	5	8	7	7	8	11	4
Nephritis and Nephrosis	16	18	12	11	17	9	14	9	15	18
Hyperplasia of Prostate	20	9	6	5	8	2	4	4	6	1
Pregnancy, Childbirth and Abortion..	2	..	..	3	..	..	1	..	1	..
Congenital Malformations	10	20	14	22	19	18	22	13	18	12
Other Defined and Ill-defined Diseases	151	133	149	144	113	141	112	110	107	145
Motor Vehicle Accidents	8	16	17	15	19	19	19	17	30	16
All Other Accidents	38	18	33	29	25	43	41	35	33	32
Suicide	22	11	16	20	19	20	13	18	7	16
Homicide and Operations of War ..	1	..	2	1	..	..	..	1	1	..
ALL CAUSES—TOTALS	1634	1694	1738	1675	1668	1697	1721	1796	1727	1742

Burials.—The total burials in the Derby cemeteries for the year 1963 were 1,024; 925 ordinary burials and 99 still-born.

Inquests held during 1963.—These numbered 151 — 95 males and 56 females.

Mortuary.—Dead bodies received during the year, 166. Post-mortem examinations, 575.

THE PRINCIPAL CAUSES OF DEATH — 1963

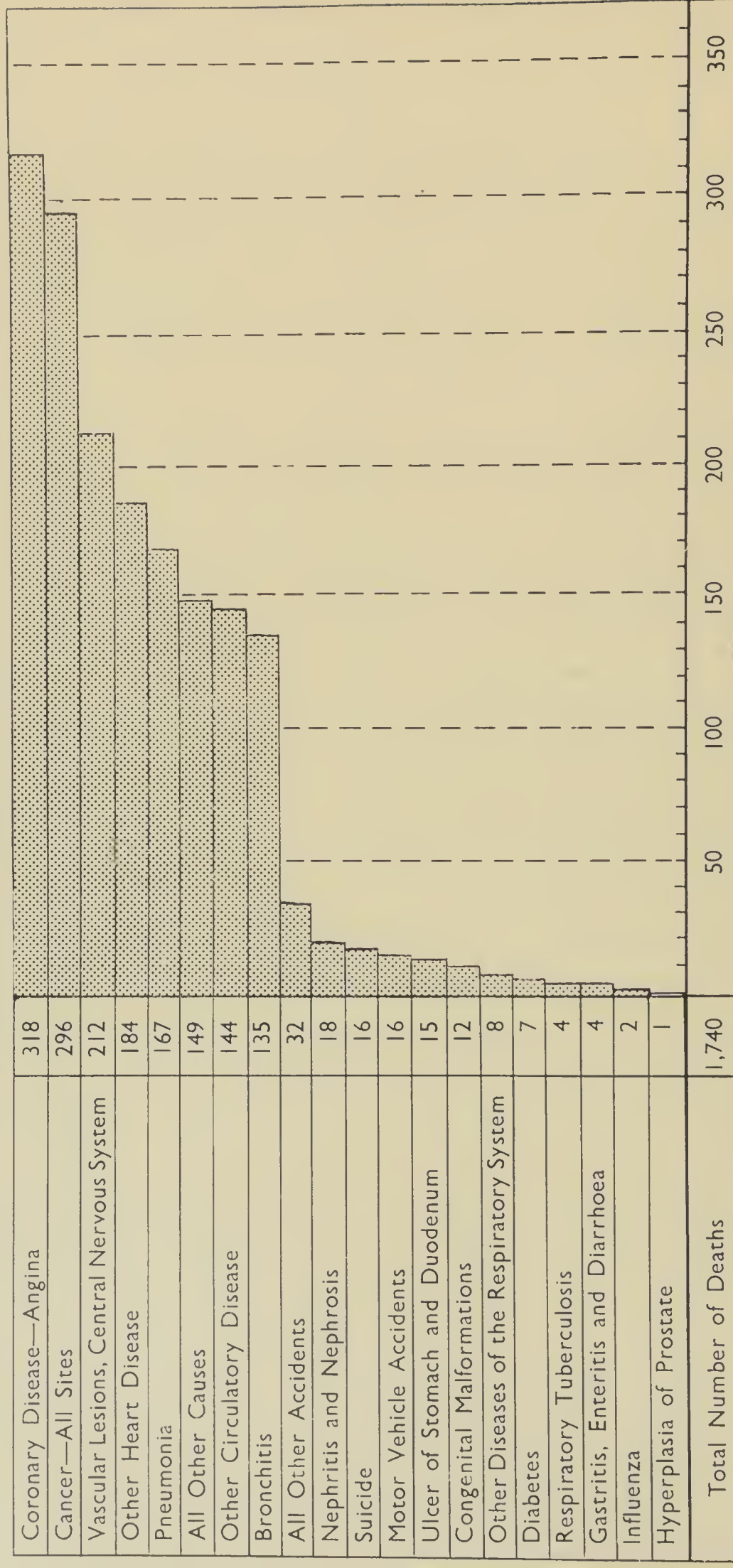


TABLE I

BIRTH RATE PER 1,000 LIVING ———

DEATH RATE PER 1,000 LIVING - - - - -

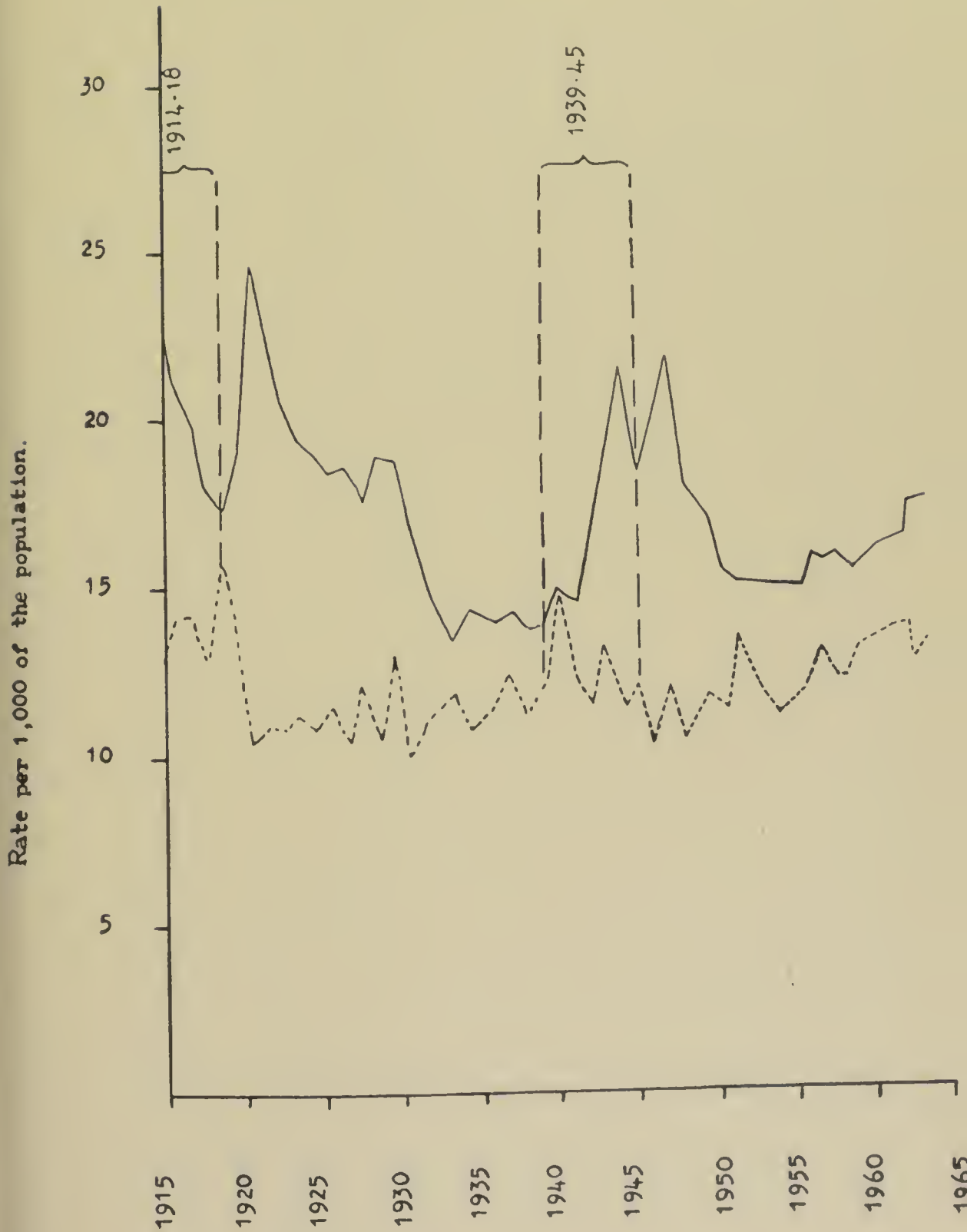


TABLE II

PERSONS MARRIED

PER 1,000 OF THE POPULATION.

Rate per 1,000 of the population.

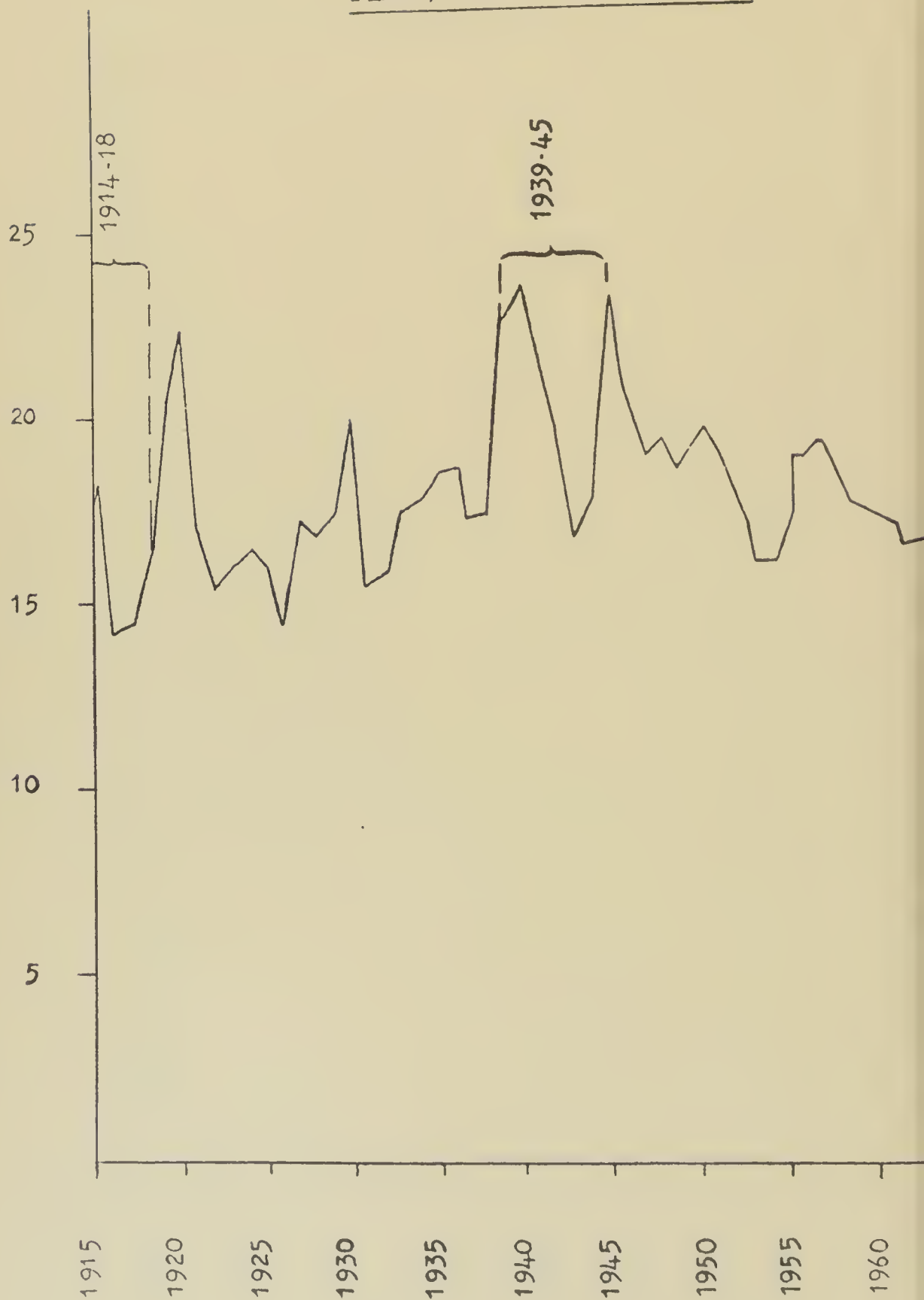


TABLE III

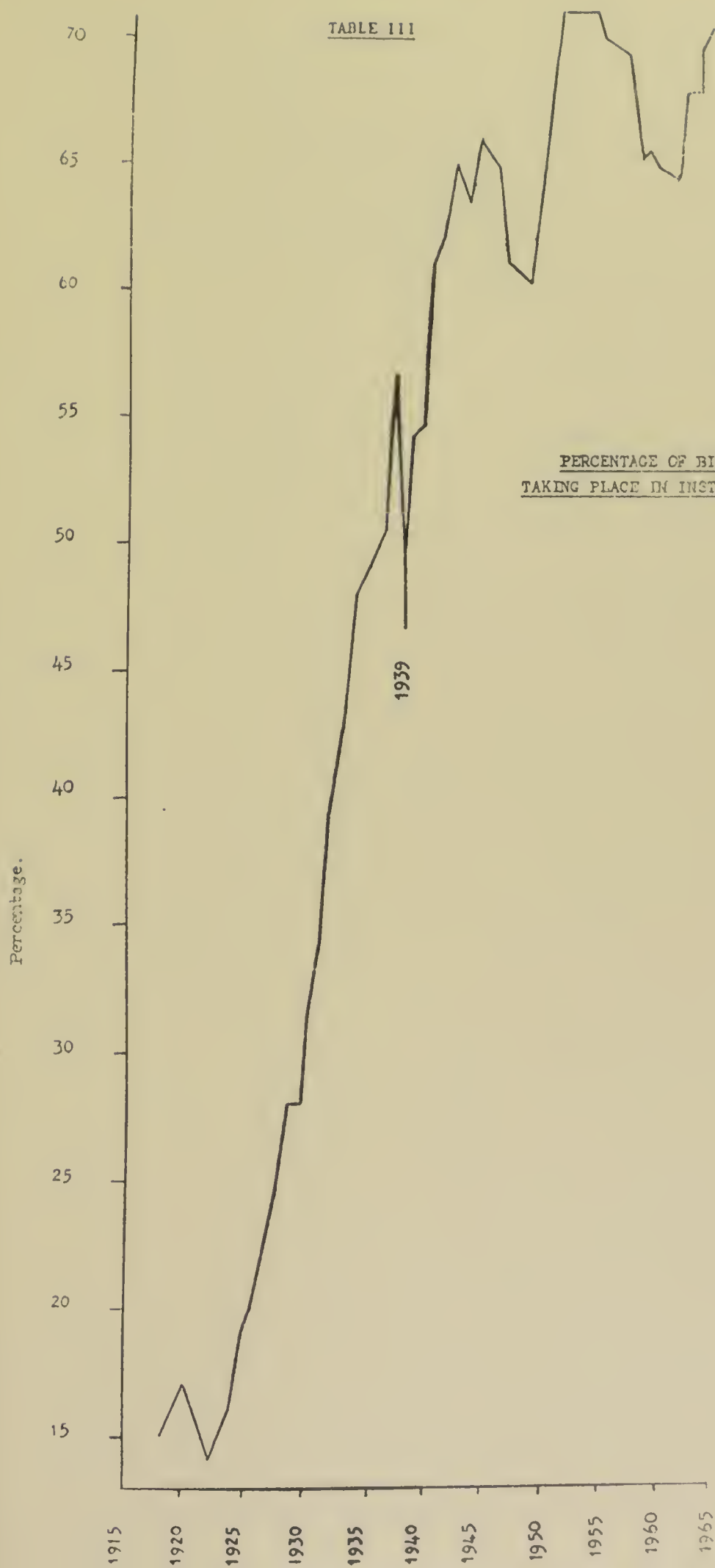
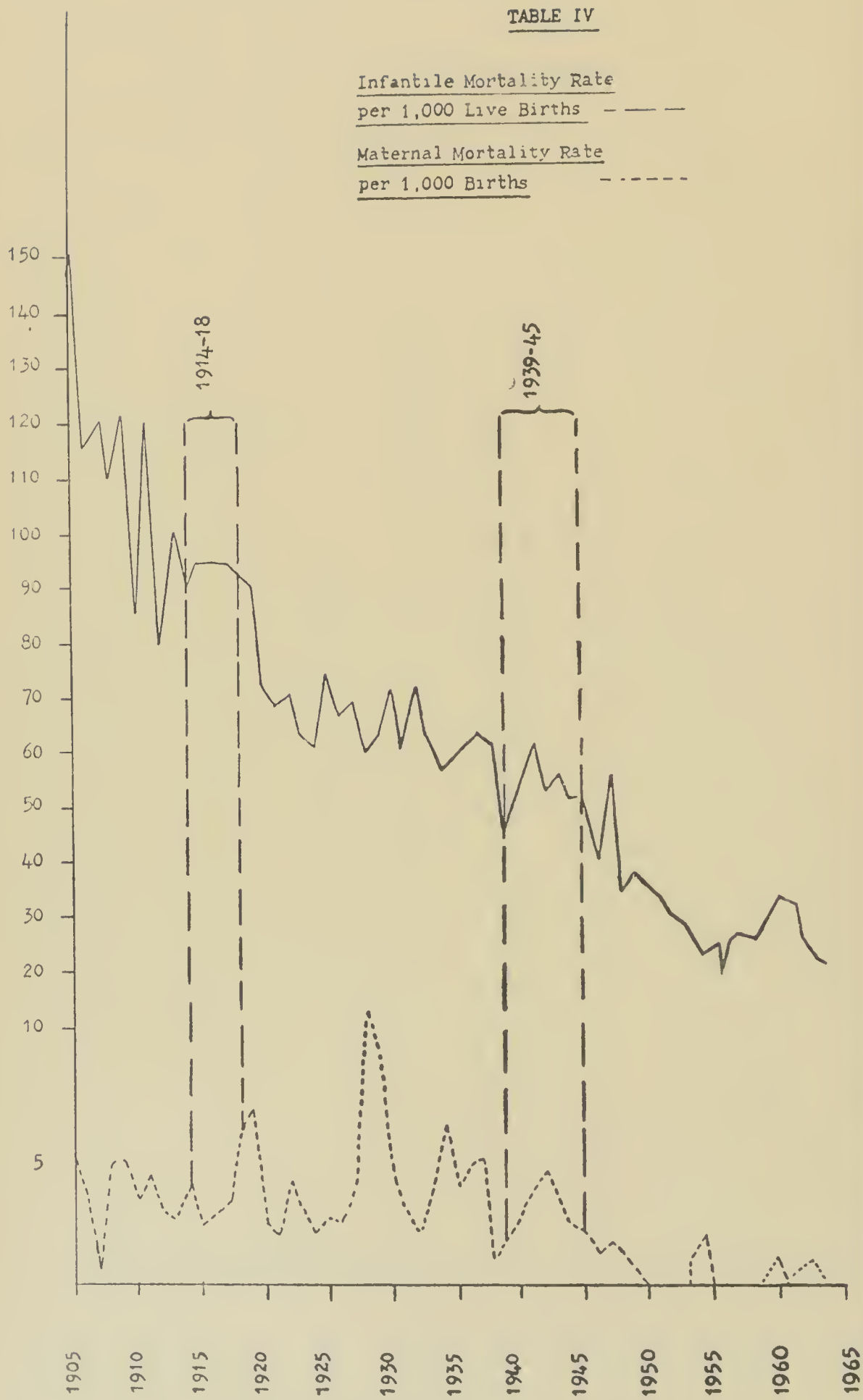


TABLE IV

Infantile Mortality Rate
per 1,000 Live Births — — — —
Maternal Mortality Rate
per 1,000 Births - - - - -



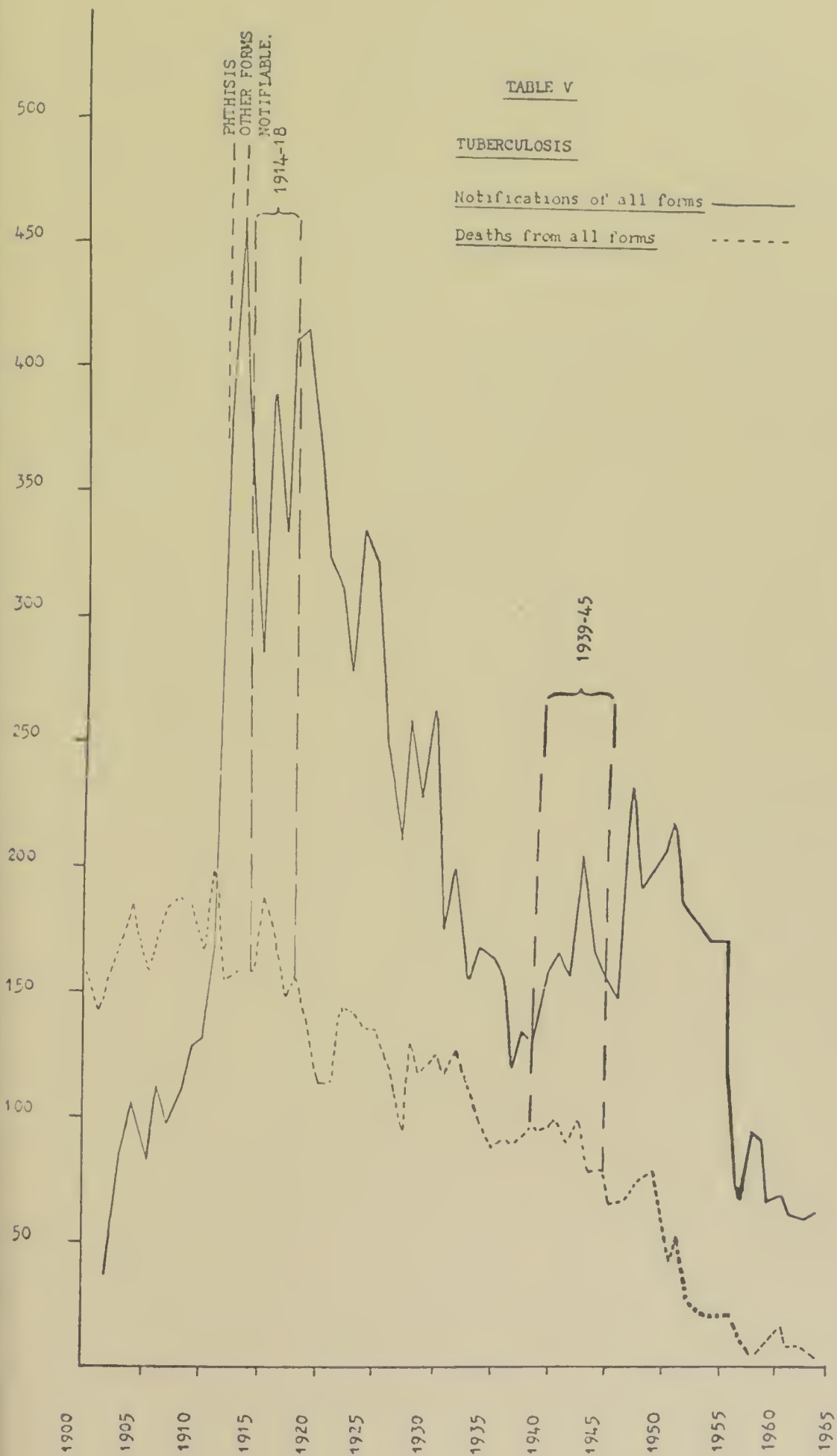
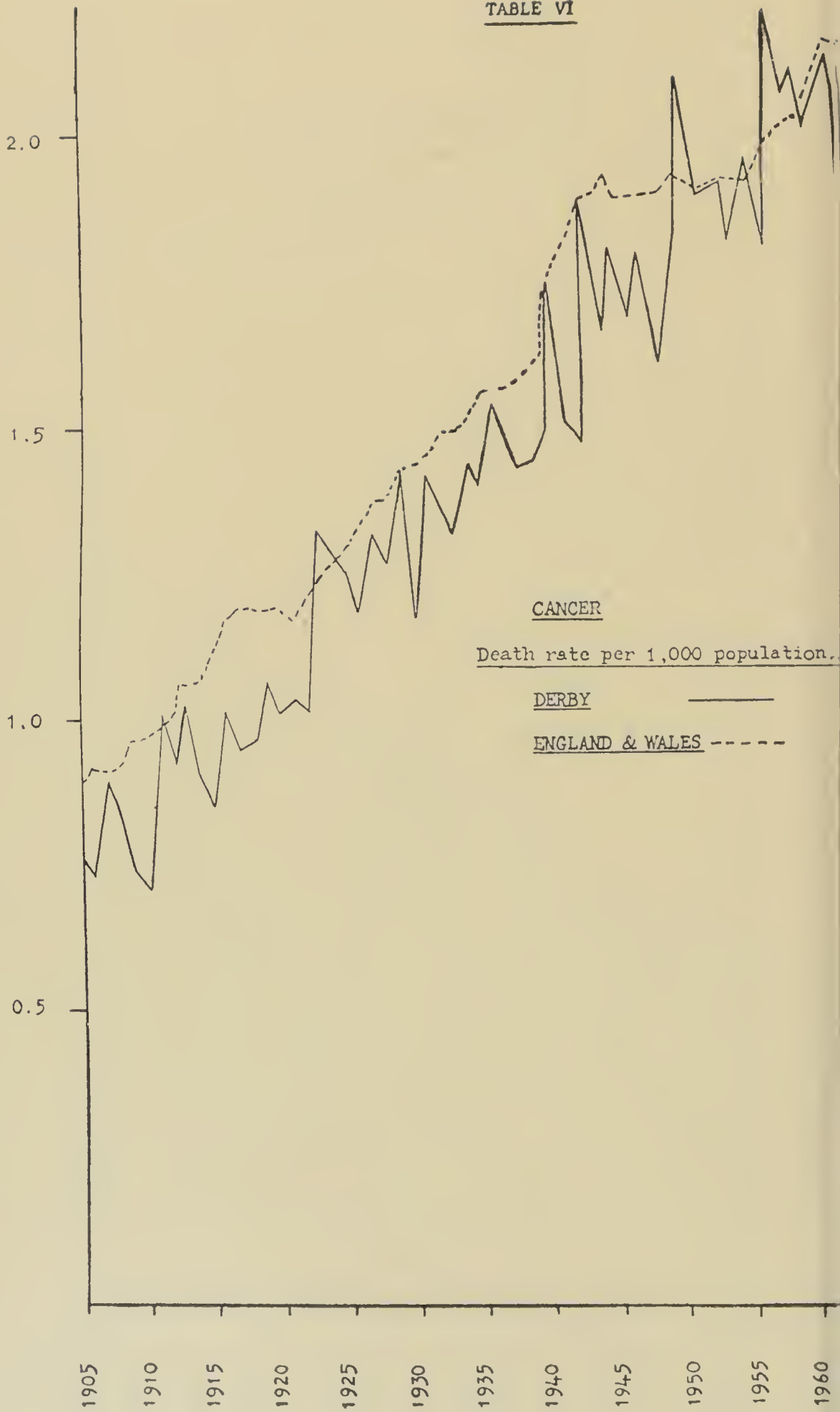


TABLE VI

Rate per 1,000 population.



II—MATERNITY AND CHILD WELFARE

Midwives.

During the period 1st February, 1963, to the 31st January, 1964, 84 midwives gave notice of intention to practise within the Borough.

58 were attached to institutions (23 at the City Hospital, 18 at the Queen Mary Maternity Home, 28 at the Nightingale Maternity Home and 1 at Derwent Hospital) and 13 were in domiciliary practice. All the domiciliary midwives practising in the Borough were under the direct control of the Health Department.

There were no midwives practising privately in the Borough during the year.

13 midwives removed from the area during the year, leaving 13 in domiciliary practice and 58 in institutional practice at the end of the year.

The following are details of maternity cases attended by midwives practising in the area of the Local Supervising Authority during the year :—

		NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
		<i>Live Births.</i>		<i>Stillbirths.</i>		<i>Total Births.</i>	
		<i>Actual.</i> (1)	<i>Adjusted.</i> (2)	<i>Actual.</i> (3)	<i>Adjusted.</i> (4)	<i>Actual.</i> (5)	<i>Adjusted.</i> (6)
1	Domiciliary ..	702	—	3	—	705	—
2	Institutional ..	3,484	250	101	1	3,585	251
3	TOTAL	4,186	250	104	1	4,290	251

Number of cases delivered in institutions but attended on discharge from institutions and before the 10th day—

(a)	by domiciliary midwives	...	...	371
(b)	by health visitors	...	...	Nil
				<u>371</u>

There were 13 domiciliary midwives practising in the Borough throughout the year and 10 of them had been approved by the Central Midwives Board as teachers of pupil midwives.

702 confinements (including non-residents) were attended by domiciliary midwives.

303 ante-natal and post-natal clinic sessions were attended.

3,384 domiciliary ante-natal visits were made.

11,479 domiciliary visits during the lying-in period were made.

2,265 domiciliary post-natal visits to institutional discharges were made by midwives.

The following visits to expectant mothers desiring hospital confinements were carried out by domiciliary midwives:—

Number of expectant mothers visited during year	...	...	...	332
Number recommended—"Hospital essential"	...	...	...	179
"Hospital desirable"	...	...	...	10
"Can be cared for at home"	...	...	...	124
Miscarried	...	...	...	11
Not Pregnant	...	...	...	11
Moved out of Borough	...	...	...	17

Medical Aid.

Out of the 702 confinements attended by domiciliary midwives, medical aid was sought in 79 cases as follows :—

63 on account of mother or expectant mother.

16 on account of baby.

The following table shows the various reasons for the calling in of medical aid :—

Mothers.

ANTE-NATAL.

Ante-partum haemorrhage	...	...	...	...	...	3
Irregular or Foetal Heart not heard	...	...	...	...	...	5
Placenta Praevia	...	...	...	...	...	1
Various	...	...	...	...	...	3
						<hr/>
						12
						<hr/>

NATAL.

Prolonged 1st stage	...	...	...	...	...	...	2
Breech or otherwise abnormal presentation	...	...	...	...	...	...	5
Maternal or Foetal Distress (mainly Foetal)	...	...	...	...	...	...	6
Various	...	...	...	...	...	...	2
Intra-Partum Haemorrhage	...	...	...	...	...	...	2
							—
							17
							==

POST-NATAL.

Retained Placenta	...	...	...	...	...	...	2
Lacerated perineum	...	...	...	...	...	...	24
Post-partum haemorrhage	...	...	...	...	...	...	1
Phlebitis	...	...	...	...	...	...	3
Various	...	...	...	...	...	...	4
							—
							34
							==

Babies.

Still Birth	...	...	...	...	...	...	Nil
Prematurity	...	...	...	...	...	...	2
Shock	...	...	...	...	...	...	Nil
Congenital malformations	...	...	...	...	...	...	1
Various (infection of eye, Jaundice, etc.)	...	...	...	...	...	...	11
Asphyxia	...	...	...	...	...	...	2
							—
							16
							==

Notification of Liability to be a Source of Infection.

3 notifications were received, from institutions, as follows:—

	<i>Domiciliary.</i>		<i>Institutions.</i>	
	<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
Mothers	3	—	2	—
Infants	—	—	1	—
Total	3	—	3	—

Notification of Death.

43 notifications were received, all from institutions, as follows :—

					<i>Domiciliary.</i>		<i>Institutions.</i>	
					<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
Mothers	—	—	—	—
Infants	—	—	16	27
Total		—	—	16	27

Notification of having Laid out a Dead Body.

DOMICILIARY.		INSTITUTIONS.	
<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
1	—	—	—

Ante-Natal Clinics.

					<i>Sessions.</i>	<i>First Attendances.</i>	<i>Total Attendances.</i>
Green Street	...	...	...		49	204	238
Boulton	...	...	...		50	175	224
Roe Farm	...	...	...		50	107	145
Normanton	...	...	...		51	194	233
Temple House	...	...	...		50	249	316
Mackworth	..	..	..		50	111	142
Total	...	...	...		300	1,040	1,298

Post-Natal Clinics.**GREEN STREET.**

33 attendances were made at ante-natal sessions.

TEMPLE HOUSE.

20 attendances were made at ante-natal sessions.

ROE FARM.

19 attendances were made at ante-natal sessions.

NORMANTON.

10 attendances were made at ante-natal sessions.

BOULTON.

9 attendances were made at ante-natal sessions.

MACKWORTH.

14 attendances were made at ante-natal sessions.

Maternal Mortality.

There were no maternal deaths in 1963.

Births.

4,541 notifications were received during 1963 under Section 203, Public Health Act, 1936. Of these, 2,273 were live births and 46 were still-births relating to Derby residents. 2,163 were live births and 59 were still-births relating to non-residents. The details were as follows :—

	LIVE BIRTHS.		STILL-BIRTHS.		<i>Total Non-Residents.</i>	<i>Total Residents.</i>	<i>Grand Total.</i>
	<i>Doctor.</i>		<i>Doctor.</i>				
	<i>Booked.</i>	<i>Not Booked.</i>	<i>Booked.</i>	<i>Not Booked.</i>			
RESIDENTS:— Domiciliary ..	489	204	2	1	—	696	696
NON- RESIDENTS:— Domiciliary ..	5	4	—	—	9	—	9
TOTAL ..	494	208	2	1	9	696	705

	<i>Live Births.</i>	<i>Still-Births.</i>	<i>Total Non-Residents.</i>	<i>Total Residents.</i>	<i>Grand Total</i>
RESIDENTS:— Institutional ..	1,580	42	—	1,623	1,623
NON-RESIDENTS:— Institutional ..	2,154	59	2,213	—	2,213
TOTAL ..	3,734	102	2,213	1,623	3,836

1,623, or 69.5%, of total births relating to residents took place in institutions. 2,336 births were registered.

Still-Births.

105 still-births were notified. 46 were in respect of Derby residents and 59 non-residents. There were 99 burials of still-born children in the Derby cemeteries during the year. 45 still-births were registered in respect of Derby residents. Percentage of still-births to live births registered was 1.9.

46 still-births were investigated.

Care of Premature Infants.

1. Total number of premature live babies notified during the year whose mothers are normally resident within the Borough ... 153
 - (a) Born at home ... 25
 - (b) Born in hospital ... 128

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
2 lb 3 oz or less	5	4	—	—	—	—	—	—	—	—	—	—	4	1
Over 2 lb 3 oz up to and including 3 lb 4 oz	10	2	—	—	—	—	—	—	1	—	—	—	9	—
Over 3 lb 4 oz up to and including 4 lb 6 oz	29	5	3	—	—	—	—	—	4	1	—	—	8	—
Over 4 lb 6 oz up to and including 4 lb 15 oz	30	2	1	—	—	—	—	—	4	—	—	—	3	—
Over 4 lb 15 oz up to and in- cluding 5 lb 8 oz	54	1	2	—	14	—	—	—	2	1	—	—	4	—
TOTAL	128	14	6	—	14	—	—	—	11	1	—	—	28	1

Premature babies born on the district weighing less than 4½ lbs. were transferred to the Premature Baby Unit; others were visited by domiciliary midwives until they reached the weight of 6 lbs

Attendances at Welfare Centres in 1963.

27A

CENTRE.	Attendances.		Number of Children										First Attendances.															
	Sessions held.	Mothers.	Children.					Weighed.	Seen by Doctor.					Total.	Under 1 year.	1—2 years.	2—3 years.	3—4 years.	4—5 years.	Total.	Under 1 month.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total under 1 year	1—5 years.	Total.
			Under 1 year.	1—2 years.	2—3 years.	3—4 years.	4—5 years.																					
Boulton ..	51	1,643	1,306	262	101	59	24	1,752	1,723	205	73	28	26	8	340	47	40	14	3	4	108	6	114					
Nightingale Road	102	2,271	1,625	519	163	140	76	2,523	2,466	240	123	71	51	34	519	81	27	7	5	1	121	7	128					
Pear Tree ..	146	4,666	3,647	997	340	150	46	5,180	5,094	636	242	133	65	15	1,091	153	155	32	12	7	359	16	375					
Normanton ..	50	1,389	1,089	258	90	47	24	1,508	1,459	221	94	54	41	17	427	71	39	14	4	3	131	10	141					
Temple House ..	100	3,176	2,992	395	130	51	26	3,594	3,480	446	104	66	27	10	653	137	122	33	28	6	326	19	345					
Rykneld ..	48	1,795	1,459	294	91	55	24	1,923	1,889	249	90	46	37	19	441	88	39	15	3	5	150	15	165					
Roe Farm ..	51	1,051	834	190	55	21	11	1,111	1,095	233	72	30	10	9	354	45	32	8	5	2	92	5	97					
Green Street ..	102	2,379	2,126	363	105	79	61	2,734	1,559	274	101	50	30	24	479	83	50	8	2	3	146	6	152					
Mackworth ..	100	3,374	2,817	547	115	73	26	3,578	3,501	429	133	51	35	10	658	135	94	27	12	5	273	12	285					
TOTAL ..	750	21,744	17,895	3,825	1,190	675	318	23,903	23,266	2,933	1032	529	322	146	4,962	840	598	158	74	36	1,705	96	1,802					

Infantile Mortality during the year 1963.

Deaths from stated causes at various ages under one year of age.

CAUSE OF DEATH.				Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under One Year.
Common Infectious Diseases.	Measles	...	...	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever...	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria: Croup	...	...	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...
	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...
Diarrheal Diseases.	Influenza	...	...	...	...	...	...	...	...	...	...	...	...
	Diarrhoea, all forms including Enteritis, Muco-enteritis, Gastro-enteritis, &c.	...	...	...	...	...	...	...	...	1	...	...	1
	Gastritis	...	...	...	...	...	...	...	...	...	...	...	...
Wasting Diseases.	Premature Birth	...	...	18	...	...	...	18	...	...	...	...	18
	Congenital Defects	...	...	6	...	...	...	6	...	4	...	...	10
	Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Diseases.	Atelectasis	...	...	2	...	...	...	2	...	...	...	...	2
	Atrophy, Debility, Marasmus	...	...	...	...	...	...	...	...	...	...	...	...
	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases...	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
	Meningitis (not Tuberculous)...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes.	Convulsions	...	...	...	...	...	...	...	...	...	...	...	...
	Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...
	Pneumonia	...	...	...	...	...	...	...	3	4	...	1	8
	Suffocation, overlying	...	...	1	...	...	...	1	1	...	...	...	2
	Syphilis	...	...	...	...	...	...	...	...	...	...	...	...
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes				1	...	...	...	1	...	1	...	...	2
TOTALS				28	—	—	—	28	4	10	—	1	43

Births registered	Legitimate 2,121	Deaths registered	Legitimate Infants 41	Infantile Mortality 19.33	20.06 per 1,000 reg'd Births
	Illegitimate 221		Illegitimate 6		

Children of Pre-School Age.

During the year under review, routine medical inspection was carried out in 1,246 children of two, three and four years of age. Of this number 51 were admitted to school during the year and particulars of the treatment of those cases are included in that part of the Report dealing with school children. Of the remaining 1,195 routine medical inspections, 52 children were referred for treatment and 582 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 611. In addition, 73 re-inspections and 20 special examinations were made.

Below is a statement of cases, showing the numbers of children of pre-school age which were referred to the various clinics during the year :—

Orthopædic Clinic	...	...	...	...	...	98
Dental Clinic	...	...	...	...	...	278

Attention has been paid by the health visitors throughout the year to the conditions of the children's hair. Once again we have to report a very low incidence of infestation among those examined.

WELFARE FOODS

Since 1st June, 1961, welfare foods other than National Dried Milk have been sold at cost price, i.e. orange juice at 1s. 6d. a bottle, cod liver oil at 1s. 0d. a bottle and vitamin A & D tablets at 6d. a packet. The table below shows the issues for 1963 together with the comparative totals for 1962.

The assistance of the Women's Voluntary Service for Civil Defence, who provided the staff for the eleven smaller distribution points, is again gratefully acknowledged.

The arrangements for the sale of stamps at the smaller distribution points remained unaltered and the main distribution point at the Health Department continued to operate on a cash sales only basis.

During the twelve months ended 31st December, 1963, the following coupons and stamps were destroyed by burning in the presence of officers of the Internal Auditor's Department in accordance with the Ministry of Health's instructions:—

- (i) 4,334 free coupons.
- (ii) 28,015 unstamped coupons to the value of £3,268 8s. 4d.
- (iii) Cancelled postage stamps to the value of £818 7s. 0d.
- (iv) 12,724 coupons bearing cancelled postage stamps to the value of £1,484 9s. 4d.

The following table shows the total issues made at each distribution point during 1963. From this table it will be seen that 80% of all issues were made at the main distribution point, the Health Department.

Summary of Issues at Distribution Centres.

Distribution Point.	N.D.M.		Cod Liver Oil.	Vitamin A & D Tablets.	Orange Juice.
	Full Cream.	Half Cream.			
	Tins.	Tins.	Bottles.	Packets.	Bottles.
Health Dept. Council House..	34,943	1,561	2,665	2,969	20,662
Temple House	926	24	142	65	689
Wyndham Street	926	23	74	68	630
Nightingale Road	1,407	16	106	38	606
Goodale Street	6,077	214	461	136	1,783
St. Giles	548	16	96	48	978
Roe Farm	518	22	46	22	388
Bedford Street	625	12	110	54	709
Green Street	662	24	169	31	624
Mackworth	1,155	27	115	106	1,039
City Hospital	—	—	—	121	427
Nightingale Home	—	—	59	521	2,017
Totals	47,787	1,939	4,043	4,179	30,552
Comparative totals for 1962 ..	47,860	1,818	4,391	5,003	28,757

REPORT OF HEALTH VISITORS' WORK FOR 1963

By J. Headington, Superintendent Health Visitor.

January 1963 brought changes, visits recorded for Ministry of Health purposes were absorbed under new headings, or eliminated. The main ones used,

1. Child welfare, 0 to 5 years.
2. Over 65 years.
3. Mental disorders.
4. Hospital after-care.
5. T.B. households.
6. Infectious households.

A new register was also requested containing information of all children born at risk of a handicapping condition, i.e. one who suffers from any continuing disability of body, intellect or personality, which is likely to interfere with normal growth, development, and the capacity to learn. The disability may be due to unfavourable influences affecting the child in the prenatal, perinatal and postnatal periods. This valuable information comes from various sources, and enables the Health Visitor to call on the families where the need for help and advice is the greatest, thus selective home visiting has taken the place of routine visiting.

The way of life influences the pattern of health visiting, much more skill is needed in the handling of mental stresses, extra support is required for the large family with subnormal parents, every effort being made to keep the family together whenever possible, and the understanding of old people is essential. All these cases are time consuming, so that quality not quantity is the order of the day, contact with other departments in helping to solve problems is often the only way to get results.

Weekly mothercraft classes were commenced in all antenatal clinics, and in the central office, the response was good especially from the young married woman expecting her first baby. There were talks, filmstrips, relaxation exercises and discussion groups.

A course of six child psychology and two speech defect lectures were given to the public health nursing staff, and behaviour problems and the value of early treatment before school age were emphasised.

The need for a Mother and Baby Club in the centre of the town was answered by the Women's Voluntary Services, and in April one was opened and is thriving well. The Health Visitors refer mothers to the club, either through the welfare centres or when home visiting, and on occasions have given talks on subjects requested by the mothers followed by film strips and the use of other visual aids.

The Mayor invited a party of Health Visitors to coffee, and a happy morning was spent talking to other guests and admiring the civic treasures.

A two-day seminar was held in co-operation with the Central Council of Health Education staff, and about sixty people attended each day. Problems of the day, new methods of teaching groups of people, and modern visual aids were some of the things mentioned.

The Chest and Heart Association held a well attended meeting in Derby at the Sturgess School, and afterwards there was a most appetising tea.

Owing to depletion of staff, the work of the Paediatric Health Visitor has had to be discontinued, but liaison with the Children's Hospital continues by letter and telephone.

CASES VISITED BY HEALTH VISITORS, 1963

1. CHILD WELFARE.							
Children born in 1963	...	...	...	...	...	...	13,533
Children born in 1962	...	...	...	...	...	...	6,539
Children born in 1958 to 1961	...	...	...	...	...	...	12,859
Total number of children, 0 to 5 years	...	...	...	...	...	...	32,931
2. OVER 65.							
Persons aged 65 years or over	...	...	...	...	...	...	220
Persons aged 65 years or over visited at the special request of							
G.P. or hospital	...	...	...	...	...	...	357
3. MENTAL DISORDERS.							
Mentally disordered persons	...	...	...	...	...	...	2,121
Mentally disordered persons visited at the special request of							
G.P. or hospital	...	...	...	...	...	...	46
4. HOSPITAL AFTER-CARE.							
Persons discharged from hospital (other than mental hospitals)							1,110
Persons discharged from hospital (other than mental hospitals)							
visited at the special request of G.P. or hospital	...	...	...	...	...	...	362
5. T.B. HOUSEHOLDS							
...	...	...	...	...	...	...	89
6. INFECTIOUS HOUSEHOLDS							
...	...	...	...	...	...	...	875
7. OTHER PUBLIC HEALTH WORK.							
				<i>Under 65</i>		<i>Over 65</i>	
Visits re chronic sick	...	...	...	...	27	258	
Number recommended:—							
"Emergency"	...	...	...	...	7	70	
"Urgent admission"	...	...	...	...	18	148	
"Normal admission from waiting list"	...	...	...	...	1	12	
"Can be cared for at home"	...	...	...	...	—	7	
"Suitable for part III accommodation"	...	...	...	...	—	1	
"Others"	...	...	...	...	1	20	
Assisting at child welfare sessions	...	...	...	...	...	...	1,201
Assisting at ante-natal clinic sessions	...	...	...	...	...	...	300
Visits to diabetic clinics (re diabetic patients)	...	...	...	...	...	...	55
Visits to hospital (re diabetic patients)	...	...	...	...	...	...	101
Ante-natal attendances (Group Practice)	...	...	...	...	...	...	400
Child welfare attendances (Group Practice)	...	...	...	...	...	...	2,030
Attending committee meetings	...	...	...	...	...	...	12

8. MISCELLANEOUS.

- 17 Health Visitors attended 6 child psychology lectures
- 17 Health Visitors attended 2 speech therapy lectures
- 12 Health Visitors attended Derbyshire Royal Infirmary for half a day each
- 14 Health Visitors attended lectures by the Central Council of Health Education for two days each
- 3 Health Visitors attended half a day each at the Chest and Heart Association meeting held in Derby

9. HEALTH EDUCATION.

Talks in maternity hospitals	...	...	...	...	...	122
Talks to students and clubs	...	...	...	...	...	188
Sound films and film strips (Central Office)	...	...	...	...	...	444
Mothercraft class attendances (in Clinics and Central Office)	...	...	...	...	...	796
Talks and use of film strip projector (in Welfare Centres)	...	...	...	...	...	1,284
Talks and use of film strip projector (in Group Practice)	...	...	...	...	...	181
Posters and visual aids made in the department	...	...	...	...	...	75
Office sessions, preparation of work, etc.	...	...	...	...	...	500

DERBY DIOCESAN COUNCIL FOR SOCIAL WORK

Report by Mrs. Mary Morling, Moral Welfare Worker.

Although the number of cases in 1963 dropped by seventeen over the whole area, the problems were greater than ever. The number of interviews bear witness that men, women and youth of both sexes find life difficult, bewildering and very insecure, that so often they need help and advice because of their own foolishness and selfwill makes it all the more difficult for them.

I am very disturbed at the promiscuity of the young girls and while hesitating to judge, I cannot help feeling that in a good many instances they have no concern for their behaviour, that a child will be born under great disadvantage, or the heartache, and worry to their parents, who, in most cases, really have tried to guide and instruct their daughters and so prevent their associating with undesirable companions together with frequenting places of so-called recreation, where morals are held lightly and behaviour generally very far from desirable and certainly not uplifting. I do not like the different attitudes of some of the young people, especially the girls.

A number of very young couples have insisted on keeping their babies and the Thomas Coram Foundation for Children, London, have been exceedingly generous in their assistance to this end. The parents are working and saving until they can provide a suitable home for the baby who is fostered with one of the Foundation's own Foster Mothers. The financial contribution made by the parents is credited to the child's saving account.

There is a great need in the Borough for a Hostel where girls with, or without a child, can be cared for at short notice. This matter, which I raised with the Medical Officer of Health soon after my arrival, has caused me much thought (and often much inconvenience) during the fourteen years in which I have been the worker for Derby and South Derbyshire. Again and again the only alternative offered to a girl (and child) who are in the streets, has been my own bedroom.

Surely some solution to this very important problem can be found.

Each year I have written a report. I have stressed the need of real home life and love and firm discipline from babyhood, together with harsher teaching and regular attendance at a place of worship. This is the only solution to the present day behaviour especially of a certain section of our young people and in reducing the numbers appearing in Court, overflowing into Borstal and Homes for young delinquents.

Parents, on the whole, are not prepared to shoulder their responsibilities to their children who are the future citizens, bringing in turn, great responsibilities.

This is the last time I shall write this report. I retire on December 31st, after more than 56 years of actual work and organising in the field of moral welfare. I have received great kindness from all the local authorities that I have worked with, all over the world, but never greater than has been proffered me by Dr. Leyshon and the staff of his Department.

I have only had to ask and the request has been immediately granted. It has made very difficult work much easier and I am very grateful indeed

for all the kindness, co-operation and generosity which has been showered upon me.

Very happy memories I take with me in my new life of the Borough of Derby.

Case Report, 1963.

BOROUGH:

New cases	...	...	...	...	...	...	...	...	44
Girls having babies			...	...	...	...	...	...	36
Girls to Homes	...		...	...	...	...	...	...	20
*Girls keeping babies			...	...	...	...	...	...	5
*Adopted	...	...	...	...	...	...	...	...	6
Married women pregnant				...	...	...	...	...	1
Matrimonial	...		...	...	...	...	...	...	5
Carnal knowledge			...	...	...	...	...	...	2
Second babies	...		...	...	...	...	...	...	3
Girls married to child's father and keeping child							...	...	2
Girls married to putative father	...			...	...	...	...	...	1
Girls to job with child		...	...	...	...	...	...	...	3
Personal and family problems			...	...	...	...	...	...	12

*Figures based on babies born

Putative fathers:

Single	...	...	...	...	...	...	...	...	23
Married		...	...	...	...	...	...	...	4
In prison		...	...	...	...	...	...	...	1
Aged 16		...	...	...	...	...	...	...	2
Girls having attended Grammar Schools					...	...	...	...	8
Child to Thomas Coram Children's Foundation						...	...	...	1
Child passed to Children's Department	...				...	...	...	...	1
Girl to College		...	...	...	...	...	...	...	1

ANNUAL REPORT OF THE DAY NURSERIES FOR 1963

By Mrs. M. R. Moss, Supervisor of Day Nurseries.

Origin of Day Nurseries.

From the beginning of the twentieth century, nurseries in this country, were patterned to some degree, on the Crèches founded in Europe and until approximately 1926 were known as Crèches and then designated as Day Nurseries.

Many mothers of very young children "in the long forgotten days" were in very *desperate situations*. It takes only a little thought to imagine their plight, if for instance the husband was deceased, ill or unemployed.

The "Welfare State" was non-existent. No National Insurance or Pension Schemes were available to them, and assistance was very meagre in any form. Then in such circumstances the mothers needed to seek employment *solely to save her young family from starvation and to keep a roof over their heads*.

These early Crèches then were indeed most useful, to those who needed them. They were founded by bodies of truly concerned citizens genuinely wishing to help the then sad plight of so many children. The Crèches were maintained by voluntary subscriptions and there was no lack of funds to cover the necessities. Some of the early Crèches were wonderful units, ringing constantly with the sound of happy children throughout the day.

For seven pence per day a child received all care. He was welcomed, bathed, fed, slept, secure, trained and allowed to progress emotionally, physically, mentally and spiritually in a natural wonderful way.

The child in a well run Crèche even so long ago, was a very lucky little person! The staff worked long hours each and every day—pay was meagre—it *was hard*, but rewarding and a sense of achievement was paramount to those with a real sense of vocation.

Origin of Nursery Training.

The only nursery training available up to 1910 was in privately run colleges. Such institutions asked a premium of its trainees up to £100. This prevented the girls from financially poorer class homes of ever availing themselves of such a useful training. The Trained Nannie was absorbed into families of high financial status, to relieve the "well-to-do mother" of the routine care of her children.

About 1910 a society was founded to give training to the staff of the Crèches and give such personnel a definite status comparable to the Nursery Training Colleges. Many young girls who otherwise would have lived their lives as "under nurses" or "nursery maids", who had natural yearnings in this field but were unable to meet the cost of the training colleges, were thus given one of the most useful professional trainings to be obtained in those days. This society now known as The National Society of Children's Nurseries gave invaluable help and guidance to the Training Nurseries affiliated to them. The standard of training laid down by this society proved the most valuable "pioneer service" rendered to our children and young students, and to this day remain "specialists" in this field of child welfare.

Present Day Nursery Service.

Most voluntary organisations in this field have now been superseded by national control. Local authorities being responsible to the Ministry of Health for the running of their nursery training centres.

The value of the change over is shown chiefly in the benefit to young students in less working hours and better pay for all staff.

With regard to the standard of fundamental care to the children, this from some aspects is not as good as in the pioneer days chiefly owing to the lack of continuity of staff. The present system of training involves far too much "coming and going" to central training centres and constant changing of student personnel, thus lowering the continuity of care for the nursery children. We in Derby feel this is the weak link in an otherwise excellent service.

The mark of a well run day nursery results in the health, happiness and progress of its children and young nursery students. The standard of Derby's Day Nurseries is as high as possible having regard to the system of training in vogue and to the need of adjustment or improvement of facilities to buildings and apparatus (whenever finances can be met).

Nevertheless children of the Derby Day Nurseries flourish exceedingly well with the basis of good fundamental care meted out to them daily which includes:—

Security of senior staff.

Safe environment.

Light, comfortable, airy, spacious, hygienic nurseries and gardens.

Suitable nourishment.

Sufficient rest and sleep.

Encouragement to become independent in all ways.

Stimulation of mind and body towards all needs of development in the child's natural sphere of progress.

Medical care.

Daily contact with the parent/s in essential co-operation for the child's sake.

Many of Derby's citizens who have had difficulties, temporary or otherwise, have been thankful for the Day Nursery Service. The borough's Health Committee should be justly proud of their continued service in this field, to their public.

Training of Nursery Students.

The training of students continued in conjunction with the present National Scheme and we are extremely happy once again to relate that all students from the Day Nurseries who sat the Nursery Diploma Examination in July were successful.

Staff Changes.

We were sorry to lose the very valuable services of Mrs. Crooks, a Nursery Matron, this year, whose services started with the department as a very "raw recruit" at the tender age of 14 years! It is indeed gratifying that the young student of so long ago, with training and experience in the Derby Day Nurseries, blossomed into one of our most reliable, responsible and helpful senior members, and at the end of twenty years service retired to become a proud parent.

This gave promotion to a Senior Staff Nursery Nurse who had proved worthy and ready for more responsibility.

Ratio of Staff to Children Accommodated.

The numbers of staff engaged per unit is based on the Ministry of Health's recommendation, *i.e.*:—

One Qualified Nursery Nurse or three Nursery Students to every five children.

Staff employed at the end of December, 1963, for the four training centres were as follows:—

One Day Nursery Supervisor and "Honorary" Health Tutor.

One Day Nursery Clerk. (Secretary, Clerk, Typist, etc.).

Four Nursery Matrons.

Ten Staff Nursery Nurses.

Nine Nursery Assistants.

Twenty Nursery Students in Training.

Nine Sub-trainees.

Two Cooks—full-time.

Two Cooks—part-time.

Two Domestics—full-time.

Four Domestics—part-time.

One Gardener Stoker—full-time.

Total Staff Personnel — 65.

Medical Care of Children.

All nursery children continue to receive initial medical examinations on admission and subsequent periodic medical inspection. Number of such inspections for 1963 were as follows:

Under two years	...	...	...	...	...	68
Two years old ...	...	...	...	...	...	50
Three years old	...	...	...	...	...	47
Four years old	...	...	...	...	...	42
Re-inspection ...	...	...	...	...	...	9
TOTAL	...	...	...	...	...	216

Protection against Diphtheria, Pertussis, Tetanus, Poliomyelitis and Smallpox.

This very valuable care is also continued and is of vital importance in assisting to maintain the Positive Health desirable for our children.

Admissions for 1963.

	0—2 years.	2—5 years.
Number of Approved Places	70	110
Number of Children on Register at end of Year	63	145
Average Daily Attendance during the Year	41	91

There was a slight drop in attendance for one Derby Nursery towards the end of 1963. owing to a small outbreak of infection. This was controlled and numbers were soon maintained at a normal level.

Nursery Fees.

As in 1962, with addition of "Part-time" fees (commenced 17 10 63) *i.e.*:—

Two shillings per day (Mothers receiving one income).

Seven shillings per day (Two incomes received).

Four shillings per half-day (This facility gives care between either 8.00 a.m. to 1.00 p.m., or 1.00 p.m. to 6.00 p.m.).

Evidence of hardship has been found in certain circumstances, when the fee cannot be met immediately, for example wages in some instances being a "week in hand". This, obviously, particularly involves the new admission where only one parent is working.

There are people, even living in the borough, who are not aware of the existence of the borough's Day Nurseries and could have been helped by this service. They have left the child with neighbours and a small child has been known to have had as many as ten different adults caring for him.

The number of users for 1963 in the four Day Nurseries was 310 (Grand Total). Classified as follows:—

Number of users at two shillings per day for the year was 173. made up as follows:—

Widows	8
Unmarried Mothers	69
Separated	81
Divorced	10
Father incapacitated from work	4
Father in prison	1
TOTAL	173

Number of users at seven shillings per day for the year was 310, made up as follows:—

Needed the nursery because they were renting or buying house and in financial difficulties	...	...	149
„ „ „ „ he was a Widower	...	...	1
„ „ „ „ wife deserted husband	...	...	2
„ „ „ „ mother ill	...	...	11
„ „ „ „ father was in the Regular Army	...	...	1
„ „ „ „ they were living in rooms or flat	...	...	40
„ „ „ „ they were living with in-laws	...	...	6
„ „ „ „ mother on priority work, <i>e.g.</i> Teaching, Nursing or Hospital Work	...	...	21
„ „ „ „ husband earning small wage. (£7—£9 weekly)	...	...	4
„ „ „ „ both parents working with large family to support	...	...	12
„ „ „ „ of special cases of a temporary nature—Hospital, Confinements, etc.	...	...	31
„ „ „ „ they were living in a dangerous area, main roads, etc., nowhere to play	...	...	14
„ „ „ „ father was unemployed	...	...	7
„ „ „ „ father was on irregular work	...	...	1
„ „ „ „ they were cohabitating and supporting wife	...	...	5
„ „ „ „ for child's benefit	...	...	5
On doctor's advice, etc., in regard to:—			
2 Mongols.			
2 Children needed company of other children to assist natural development.			
1 Doctor's advice—child wouldn't sleep at night, needed more active play.			

TOTAL 310

Number of users at four shillings per half-day (from 17/10/63, when this facility came into force) was nine, made up as follows:—

Part-time shop assistants	...	...	...	3
Part-time cleaner in shop	...	...	...	1
Other part-time employment	...	...	...	5
TOTAL	...	...	...	9

County admissions are taken whenever possible (after all borough applicants have been honoured), and both long and short term cases from the following areas were assisted in 1963:—

South-West Derby	...	...	...	...	14
South-East Derby	...	...	...	...	11
North-West Derby	...	...	...	...	12
North-East Derby	...	...	...	...	12

Thoughts for the Future!

Though the world is changing very rapidly—in automation, to take one example—it is doubtful whether the lives of mothers of young children (even with increased mechanism in the home) will alter very greatly.

It could be envisaged, then, that any mother, whatever her circumstances, should be able to rely on a "service of reprieve", i.e. *The Day Nursery Service*. This surely is her entitlement—to grant her a few "hours off" and to bring her in line with all other paid workers—whose hours of work decrease year by year!

It is said that "a change is as good as a rest", so to enable the wives and mothers to meet the demands of the changing world, it is surely important to give them a little respite too, from children and home, in the service of extended Day Nursery units.

This could result in great dividends of improved health, patience and vigour, allowing them to return to their husbands, homes and families refreshed.

More and better Day Nurseries, then—so that the whole nation and even the world could focus on our town and say—"Derby's small citizens own a paradise in which to commence their lives".

Nursing Homes.

Registered at 31st December, 1961	..	...	...	...	1
(1) Applications for registration	...	...	...	...	—
(2) Applications for registration withdrawn	...	...	...	...	—
(3) Homes registered	...	...	...	...	1
(4) Orders made refusing or cancelling registration	...	...	...	...	—
(5) Appeals against such Orders	...	...	...	...	—
(6) Cases in which Orders have been—					
(a) Confirmed on appeal	...	...	...	...	—
(b) Disallowed	...	...	...	...	—
(7) Number of applications for exemption from registration	...	...	...	...	1
(a) Granted	...	...	...	...	1
(b) Withdrawn	...	...	...	...	—
(c) Refused	...	...	...	...	—
On register at end of year	...	...	...	...	1

Nurseries and Child-Minders Regulation Act, 1948.

Seven daily minders are registered under the above Act, providing altogether for 19 children. These children have been visited at approximately fortnightly intervals.

Two nurseries, for 39 mentally defective children, organised by the Derby and Derbyshire Society for Mentally Handicapped Children, are registered with the Authority.

III.—DENTAL SERVICES

Report by Mr. F. Grossman, Principal School Dental Officer.

1963 was notable for the fact that the dental staff was not depleted and we finished the year as we started with the equivalent of three and a half full-time Dental Officers out of an approved establishment of five. Indeed the staff was augmented in September when we obtained the services of a dental auxiliary. However, the outlook for 1964 became somewhat less sanguine with the resignation at the end of 1963 of Mr. Skinner, one of my full-time Dental Officers, and the continued lack of applicants to fill the existing vacancies indicates that we cannot expect an easing of the staffing situation in the immediate future.

In my report for 1962, I commented on our inability to provide a full service for the entire school population with the staff at our disposal, and the position will be further aggravated with the loss of Mr. Skinner. The value of the School Dental Service is such that it must not be allowed to fail through lack of staff. The importance of annual dental inspection in school cannot be over-emphasised. By means of these inspections, early dental decay is detected and many children whose parents would otherwise not seek dental treatment until toothache made it imperative, can be offered treatment and introduced to the idea of regular inspection and treatment. Although some of these parents eventually drift to the General Dental Service, the incentive for them to seek regular inspection of their own accord can often be traced to the initial prompting of the School Dental Service. Again many are willing to attend for treatment when an appointment is made for them, but are not very anxious to ask for treatment of their own accord. Here too, a fully staffed School Dental Service with its system of regular inspections, proves invaluable. I am convinced that the cause of Dental Health Education will be best served by providing a service of regular inspection and adequate facilities for treatment for all children.

In previous reports I drew attention to the continual movement of Derby's population towards the outskirts of the town, where new housing estates make it necessary to provide more convenient services for these new centres of population. Because of staffing problems, we were unable to give consideration to the opening of these new clinics, but I feel we will now have to give further thought to the opening of these clinics, either full or part-time.

Inspection.

The number of pupils who received routine dental inspection at school was 14,587; in addition, 2,424 pupils were inspected at the clinic because of requests for emergency treatment, giving a total of 17,011 pupils inspected during the year. At these inspections, children of all age groups were inspected, of which 47 per cent. were offered treatment, and of these, 68.7 per cent. consented to treatment.

The routine inspections in schools show the increasing numbers of children, especially those in grammar schools, who obtain their dental treatment from the General Dental Service.

Treatment.

11,951 attendances at the Clinic were made by 6,405 children.

3,585 general anaesthetics were administered by a medical practitioner appointed for that purpose, and 5,581 temporary and 2,280 permanent teeth were extracted.

8,141 fillings were inserted in 7,304 teeth.

92 pupils were supplied with artificial dentures.

Table 1 gives the details in tabulated form.

TABLE 1.

INSPECTION AND TREATMENT.

(1)	Number of Pupils inspected by the Authority's Dental Officers :—							
(a)	Periodic age groups	..	..	..	..	..	..	14,587
(b)	Specials	..	..	..	..	..	..	2,424
(c)	TOTAL (Periodic and Specials)	..	..	..	..	..	..	17,011
(2)	Number found to require treatment							11,122
(3)	Number offered treatment							9,206
(4)	Number actually treated							6,405
(5)	Number of attendances made by Pupils for treatment, including those recorded at heading 11 (h) below							11,951
(6)	Half days devoted to	Inspection	..	..	..	..	..	94
		Treatment	..	..	..	..	..	1,419
		TOTAL (6)	..	..	..	..	..	1,513
(7)	Fillings :	Permanent Teeth	..	..	..	..	..	7,902
		Temporary Teeth	..	..	..	..	..	239
		TOTAL (7)	..	..	..	..	..	8,141
(8)	Number of teeth filled :	Permanent Teeth	..	..	..	..	..	7,082
		Temporary Teeth	..	..	..	..	..	222
		TOTAL (8)	..	..	..	..	..	7,304
(9)	Extractions :	Permanent Teeth	..	..	..	..	..	2,280
		Temporary Teeth	..	..	..	..	..	5,581
		TOTAL (9)	..	..	..	..	..	7,861
(10)	Administration of general anaesthetics for extraction							3,585
(11)	Orthodontics :							
(a)	Cases commenced during the year	..	..	..	..	..	..	90
(b)	Cases carried forward from previous year	..	..	..	..	..	..	41
(c)	Cases completed during the year	..	..	..	..	..	..	67
(d)	Cases discontinued during the year	..	..	..	..	..	..	20
(e)	Pupils treated by means of appliances	..	..	..	..	..	..	86
(f)	Removable appliances fitted	..	..	..	..	..	..	90
(g)	Fixed appliances fitted	..	..	..	..	..	..	—
(h)	Total attendances	..	..	..	..	..	..	533
(12)	Number of Pupils supplied with artificial dentures							92
(13)	Other Operations :	Permanent Teeth	..	..	..	..	..	901
		Temporary Teeth	..	..	..	..	..	29
		TOTAL (13)	..	..	..	..	..	930

TABLE 2.

SHOWING INSPECTIONS AND TREATMENTS CARRIED OUT
AT THE DENTAL CLINIC FOR PRIORITY CLASSES.

1963.	CENTRAL CLINIC.				TOTALS.
	Expectant Mothers.	Nursing Mothers.	Pre-School Children.	Occupation Centre.	
Attendances	311	522	368	21	1,222
Cases examined.. .. .	140	159	278	14	591
Needing treatment	130	157	225	12	524
Referred for treatment	126	155	225	12	518
Referred to own Dentist	—	—	—	—	—
Refused treatment	1	1	—	—	2
Treatment inadvisable.. .. .	3	1	—	—	4
Failed to attend	5	3	1	—	9
Treated	120	148	224	12	504
Made dentally fit	29	87	60	1	177
Awaiting treatment	1	4	—	—	5
Extractions	426	393	559	39	1,417
Local Anæsthetics	52	51	—	2	105
General Anæsthetics	60	54	239	10	363
Fillings	65	66	55	—	186
Scalings and Gum Treatments	2	5	—	—	7
Silver Nitrate Treatments	—	—	—	—	—
Other Operations	69	307	12	3	391
Radiographs	3	5	—	—	8
Denture Patients	10	72	—	1	83
Full Dentures	14	80	—	2	96
Partial Dentures	3	49	—	—	52
Dentures Repaired	2	6	—	—	8

TABLE 3.

SHOWING THE NATURE OF THE TOTAL SERVICES GIVEN
TO THE PRIORITY CLASSES AT THE DENTAL CLINIC.

(a) *Numbers provided with dental care :*

1963	NEW CASES THIS YEAR						Failed to keep appointment	Treated by Us	Made dentally fit	Awaiting Treatment	Attendances made at Clinic
	Examined	Needing Treatment	Referred to		Refused Treatment	Treatment inadvisable					
			Our Treat- ment Clinic	Own Dentist							
Expectant Mothers ..	140	130	126	—	1	3	5	120	29	1	311
Nursing Mothers ..	159	157	155	—	1	1	3	148	87	4	522
Children under five ..	278	225	225	—	—	—	1	224	60	—	368

(b) *Forms of dental treatment provided :*

1963	Extractions	ANAESTHETICS		Fillings	Scalings and Gum Treatments	Silver Nitrate Treatments	Other Operations	Radiographs	DENTURES		
		Local	General						Provided		Repaired
									Complete	Partial	
Expectant Mothers . .	426	52	60	65	2	—	69	3	14	3	2
Nursing Mothers . .	393	51	54	66	5	—	307	5	80	49	6
Children under five	559	—	239	55	—	—	12	—	—	—	—

IV.—SCHOOLS AND SCHOOL CHILDREN

Report by Dr. J. E. Masterson,
Deputy Medical Officer of Health and Principal School Medical Officer.

GENERAL REVIEW.

During the second half of 1963 we were very unfortunate to lose the services of two of our full-time lady doctors—Dr. Campbell and Dr. Laing. Dr. Newlands, however, joined the Service full-time in September, but, in spite of extensive advertising, no full-time replacement was found for the second vacancy. Dr. Dalziel very kindly offered to do part-time work in the Service until we were able to obtain another full-time medical officer, and I personally am very grateful for her assistance.

The general physical health of the school child population continues, as it should with rising standards of living, to generally improve, and I think this is illustrated very vividly by the demand for places in our residential school for delicate children. When it opened just over twelve years ago there was a waiting list of Borough children, but now it is becoming possible to offer an ever increasing number of places to non-Borough children.

The position with regard to “psychological” ailments, behaviour problems, etc., unhappily is not so satisfactory. Many different reasons have been put forward for this, which is nation-wide, and the professional members of the School Health Service do what they can to try and alleviate the mental troubles of youngsters.

More and more importance is being given to the early detection of hearing defects, and with this in view all the medical officers were supplied with “Quick Check” portable audiometers during the year, and the initial reaction to these instruments is very satisfactory.

Details of the work done in the Service is given fully in the reports, notes and tables which follow.

THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

Periodic Medical Inspection.

Number of Children inspected.—The total number of children inspected was 6,856. Of these, 3,465 were boys and 3,391 were girls. In addition, 283 children were brought forward for special examinations by head teachers.

The number of entrants to the Junior Departments tested for vision and hearing was 1,656. Of this number, 134 children were found to have defective vision, and 27 had some degree of defective hearing.

FINDINGS AT PERIODIC INSPECTION.

Physical Condition.

The physical condition of the 6,856 pupils inspected in 1963 was classified as follows :—

Satisfactory	...	...	6,845
Unsatisfactory	...	...	11

Heights and Weights.

Age.	Year.	BOYS.			GIRLS.		
		Number examined.	Average Height (inches).	Average Weight (lbs.).	Number examined.	Average Height (inches).	Average Weight (lbs.).
5 years ..	1912	440	40.27	39.42	462	40.16	35.56
	1919	499	40.7	39.4	496	40.3	39.1
	1935	842	41.8	41.6	779	41.7	40.6
	1946	466	42.3	43.0	439	41.8	41.3
	1956	812	43.2	43.0	700	43.0	42.1
	Born 1957	514	42.9	42.9	468	42.2	41.3
Born 1958	1963	481	42.9	42.7	418	42.7	41.8
10 years ..	1947	854	53.5	68.8	768	53.5	67.1
	1956	788	54.2	71.8	755	53.9	71.9
	Born 1952	400	53.9	70.9	419	53.8	71.5
	Born 1953	409	53.9	70.8	367	53.9	70.5
14 years ..	1947	425	62.8	104.4	364	62.0	106.3
	1956	751	63.3	108.1	590	62.1	109.6
	Born 1948	510	62.6	109.0	389	61.7	109.1
	Born 1949	405	63.1	109.0	404	61.8	112.3

Visual Defects and External Eye Disease.

The percentage of children found to have defective vision was 18.7%.

In the three age groups, the percentages of children who were unable to read 6/6, 6/6, were :—

<i>boys born 1958</i>	<i>girls born 1958</i>	<i>boys born 1953</i>	<i>girls born 1953</i>	<i>boys born 1949</i>	<i>girls born 1949</i>
3.9	4.5	20.4	24.0	23.7	22.5

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were :—

<i>boys born 1958</i>	<i>girls born 1958</i>	<i>boys born 1953</i>	<i>girls born 1953</i>	<i>boys born 1949</i>	<i>girls born 1949</i>
1.7	1.7	5.6	5.2	7.6	6.4

The number of pupils, noted as requiring treatment was 838 (12.2%).

The number of partially sighted children as judged by the accepted criteria is 6.

Squint.

The number of children born in 1958 found to have a squint, even of the smallest degree, was 31.

Colour Vision.

The Ishihara colour vision test is carried out on all children in the leaver group. The following is a summary of the findings :—

		<i>No. examined.</i>	<i>No. found defective</i>	<i>% defective.</i>
Boys	... ..	945	51	5.4%
Girls	... ..	1,088	2	.2%
		<hr/>	<hr/>	<hr/>
		2,033	53	2.6%
		<hr/>	<hr/>	<hr/>

Parents of all children with defective colour vision are notified so that further investigation may be made if colour vision is likely to play an important part in the child's future career.

External Eye Disease.

The following defects were found in the course of periodic medical inspection :—

Blepharitis	... ..	11	Conjunctivitis	... ..	1
Other defects	... ..	19			

Uncleanliness.

See report on page 68.

Minor Ailments and Diseases of the Skin.

The following skin diseases were recorded at the medical inspections :—

Eczema	... ..	40	Seborrhœa	... ..	3
Warts	... ..	17	Psoriasis	... ..	9
Nævus	... ..	16	Alopecia	... ..	2
Verruæ	... ..	21	Ichthyosis	... ..	1
Acne	... ..	20	Impetigo	... ..	4
Other Diseases	... ..	88			

Nose and Throat Defects.

The number of children referred for treatment for enlarged tonsils and adenoids was 1.3 per cent. of the number examined. The percentage placed under observation was 4.8.

Ear Disease and Defective Hearing.

71 children were noted as suffering from Otorrhoea at periodic medical inspection. All children suspected of suffering from any degree of deafness in school are medically examined and referred if necessary to the Consultant E.N.T. Surgeon who conducts a clinic weekly at Temple House. Audiograms are carried out by the school nurses.

Defective hearing, mostly of a slight character, was found in 82 cases.

Dental Defects.

1,292 children were found at the periodic medical inspection to have carious teeth.

Orthopaedic and Postural Defects.

The following deformities were noted at the periodic medical inspections :—

Foot Deformities	...	113	Postural Defects	...	23
		Other Defects	...	...	265

Heart Disease and Rheumatism.

1.0 per cent. of all children examined were listed as having heart defects. Few of these were organic and the vast majority required only observation. During the year the compilation of a school cardiac register was continued, and all new entrants are being included. The progress of these children will be closely watched and it is hoped that over a period of years much useful information will be obtained.

The number of children found to be suffering from rheumatism was 2.

Vaccination.

2,243 (32.7 per cent.) of the 6,856 children medically inspected were recorded as having been vaccinated. The percentages in previous years were as follows :—

1938	...	...	...	10.8
1945	...	...	...	8.0
1955	...	...	...	12.8
1962	...	...	...	30.9
1963	...	...	...	32.7

Tonsillectomy.

Number and percentage of children found at Periodic Inspection in 1963 to have had tonsillectomy.

BOYS.				Number examined.	Number found to have had Tonsillectomy.	Percentage.
Born 1958	..	..	..	481	17	3.5
Born 1953	..	..	..	409	57	13.9
Born 1949	..	..	..	405	58	14.3
Others	..	..	..	2,170	262	12.1
Totals	..	..	..	3,465	394	11.4
GIRLS.						
Born 1958	..	..	..	418	13	3.1
Born 1953	..	..	..	367	44	12.0
Born 1949	..	..	..	404	68	16.8
Others	..	..	..	2,202	254	11.5
Totals	..	..	..	3,391	379	11.2
GRAND TOTALS				6,856	773	11.3

FOLLOWING UP.

The arrangements for the following up of children suffering from the various defects continued as outlined in a previous report.

ARRANGEMENTS FOR TREATMENT.

School Clinics.

	<i>Monday.</i>		<i>Tuesday.</i>		<i>Wednesday.</i>		<i>Thursday.</i>		<i>Friday.</i>	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Central Clinic, Temple House ...	S. M.A. C.G. R.G.	S. C.G.	C.G. R.G. S.	C.G. R.G. S.	M.A. C.G. S.	C.G. R.G. S.	S. M.A. C.G. R.G.	S. C.G.	C.G. R.G. S.	C.G. S.
<i>Branch Clinics.</i>										
Nightingale Road.. ..				M.A.						M.A.
Boulton	M.A.						M.A.			
Normanton.. ..			M.A.						M.A.	
Rykneld			M.A.						M.A.	
Boe Farm	M.A.						M.A.			
Green Street			M.A.						M.A.	
Mackworth		M.A.						M.A.		

M.A. . . Minor Ailments Clinic.

S. . . Speech Clinic.

C.G. . . Child Guidance Clinic.

R.G. . . Remedial Gymnast's Class.

The Dental Clinic, Mill Hill Road, is held every day of the week.

In addition, the following Regional Hospital Board clinics are held in the Central Clinic premises :—

Ophthalmic Clinic	...	...	Four sessions per week.
Orthopædic Clinic	...	...	One session per week.
Aural Clinic	...	...	One session per week.

Consultation Clinic, Mill Hill Lane.

249 attendances were made at this clinic during the year.

Minor Ailments Clinics.

The total number of children attending these clinics was 3,490, and the number of attendances was 16,645. 1,891 examinations were made by Medical Officers.

The following is a record of the number of cases and attendances at the minor ailments clinics since 1931 :—

<i>Year.</i>				<i>No. of children attending.</i>	<i>Attendances.</i>
1931	...	...	...	11,470	55,460
1938	...	...	...	19,224	63,820
1945	...	...	...	16,810	59,750
1948	...	...	...	10,593	47,959
1958	...	...	...	2,886	20,129
1962	...	...	...	3,388	15,539
1963	...	...	...	3,490	16,645

Dental Clinic, Mill Hill Road.

The Dental Clinic is held every day of the week (morning and afternoon).

Total number of cases attended	...	...	...	6,405
Total number of attendances	...	...	...	11,951
Total number of clinics held	...	...	...	1,419

Aural Clinic, Mill Hill Lane.

The number of children who received operative treatment for tonsils and adenoids during 1963 was 94.

Total number of cases attended	...	...	...	137
Total number of attendances	...	...	...	188

Orthopaedic Clinic, Mill Hill Lane.

Total number of cases attended	...	...	...	469
Total number of attendances	...	...	...	524

Included in these figures are 98 cases referred from Child Welfare Centres.

Number of X-ray examinations (at City Hospital)				24
Attendances at Splint Maker	...	...	...	306

Remedial Gymnast :

Total number of attendances (at Central Clinic)...				597
--	--	--	--	-----

AT ASHE HALL SPECIAL SCHOOL :—

Number of children treated	...	...	...	86
Number of treatments given	...	...	...	5,700
Number of visits to School	...	...	...	206

Ophthalmic Clinic, Mill Hill Lane.

Total number of cases attended	...	...	...	1,772
Total number of attendances	...	...	...	2,045

Orthoptic Clinic.

I am indebted to the Orthoptist in charge of the Department, for the following report :—

Number of cases dealt with during 1963 (including 5 new cases)	29
---	-----	-----	-----	-----	-----	----

CLASSIFICATION.

Under observation, on preliminary treatment, or actual treatment	...	...	...	...	14
Discharged	...	...	...	...	10
Total number of attendances	...	...	...	...	108

SPEECH THERAPY CLINIC

Report by Miss A. M. Fleming, Senior Speech Therapist.

1963 would appear to have been an uneventful year for this department. With a marked drop in the number of referrals, there has been a comparable drop in the numbers treated and discharged, but more school visits have become possible. Miss Reynolds left us in September, after two years full-time service, and Miss Smart joined us in that month, working part-time. Thus there has been continuity of treatment, although the clinic held once weekly at St. Giles' School has been suspended temporarily.

Third-year students from the Leicester School of Speech Therapy again visited us once weekly, and prospective students have also attended clinics.

Early in the year we attended a most interesting and practical series of talks on Child Psychology. Opportunities such as this for meeting colleagues in the local health service "team" as a group, are valuable to all concerned.

Children are referred to us from many sources, and we are pleased to find that younger children are being referred before speech difficulties become very real problems. The parents are advised as to indirect "treatment" at home, thus avoiding perhaps lengthy treatment during school life. Advice and reassurance is frequently all that is needed. There is a popular, and quite unfounded, belief that a child will "grow out of" a speech difficulty. In fact, they may be said to "grow into it". A number of children are still

being referred just before they are to leave school, and although they may continue speech therapy at the adult clinic held at the Derbyshire Royal Infirmary, it is a pity that they were not referred earlier, when the problem first appeared, and before it was firmly established.

No. of cases seen during 1963 182

(Of these cases, 3 were treated at Derbyshire Royal Infirmary, and 10 are on the waiting list, but have been interviewed).

Classification of cases seen during 1963 :

Stammer	27	}	182
Dyslalia	...	...	...	...	...	40
Cleft Palate	...	...	...	...	...	11
Dysphonia	...	...	...	...	...	1
Dysphasia	...	...	...	...	...	4
Dysarthria	...	...	...	...	...	5
Others	...	...	...	...	...	94

No. of cases carried over from 1962 119

No. of new cases admitted during 1963 61

No. of cases carried over to 1964 112

No. discharged during 1963: (This includes 3 cases discharged before treatment commenced):

Speech normal	34	}	77
Much improved	...	...	...	...	...	17
Left district	...	...	...	...	...	3
Left school	...	...	...	...	...	1
At parents' request	...	...	...	...	...	1
Failed to attend	...	...	...	...	...	10
Lack of co-operation	...	...	...	...	...	1
Treatment contra-indicated	...	...	...	...	...	8
To School for the Deaf	...	...	...	...	...	1
Transferred to Derbyshire Royal Infirmary	...	...	...	...	...	1

No. referred during 1963 69

No. on waiting list at 31st December, 1963 14

No. of School visits 66

No. of Home visits 3

No. of Clinics held 671

Possible number of attendances 2,794

Actual number of attendances 1,967

Cases Treated at Derbyshire Royal Infirmary during 1963.

No. of cases seen during 1963 3

No. of cases carried over to 1964 3

CHILD GUIDANCE CLINIC.

Report by Dr. T. A. Ratcliffe, Psychiatrist.

1963 has been the first full year for some time during which we have had the complete Clinic "team" of Educational Psychologist, Psychiatric Social Worker, Remedial Teacher, and Child Psychiatrist in operation at this Child Guidance Clinic. This has been particularly opportune in that we have had an especially busy year for new referrals to the Clinic; indeed the number of new cases referred to us during the year has been the largest since I have worked at the Derby Borough Clinic. But the basic value and importance of a full Clinic team is much greater than this increased ability to cope with a larger case load. Only when all four of the team members are able to work together, and appropriately, in helping the child within his total environment of home and school can a Child Guidance Clinic provide the full assistance which is its real task to give. Although in individual cases the major demand for help may fall on only one or two members of the Clinic team, on balance all the team members have an equal importance. Sometimes the services of all four may be required in helping a child. Working closely together the Clinic team can achieve much more than all four could do working purely individually and without their colleagues.

Apart from the general increase in referrals, which is probably a "chance" increase and not an indication of greater instability within the school population, the pattern of referrals has followed much the same course as in previous years.

We continue to maintain as good, and as close, a contact as possible with the other Agencies and Local Authority Departments which are also concerned with the care, training and education of children. Our efforts over the past years to build up such a close working liaison now bear fruit in that the other Agencies and Departments have much more understanding of what a Child Guidance Clinic can do; and, equally importantly, of what it cannot achieve. Consequently our services are now being used much more constructively by, and with obviously greater value to, these other Agencies.

Report by Mr. G. Todd, Psychologist.

New referrals to the Clinic this year reached a point where they were double the referrals made five years ago. Although the total figure varies from year to year the overall trend since 1958 has been towards a considerable increase in numbers. As large numbers of children are now seen in schools for educational reasons, which was not done prior to 1958, the actual volume of work has trebled since that time.

The fact that the Clinic Secretary's post has been made a full-time one during the past year has greatly assisted in coping with the increased work.

More referrals to the Clinic usually means that the Educational Psychologist has less time for visiting schools and homes; this has in fact happened, and it has unfortunately not been possible to keep as close a contact with some cases as one would have wished.

The remedial teaching groups and individual tuition have produced some very gratifying results. It is not uncommon for gains of three years in reading attainment to be made after one year of remedial teaching for one hour each week.

It is still hoped that during the coming year it will be possible to do more preventive work in schools in terms of educational guidance aimed at picking out those children who are having educational or emotional difficulties, and helping them towards a better adjustment.

Statistical Tables.

NOTE 1.—The figures in these Tables refer only to the actual work done in the Child Guidance Clinic during 1963. Since there is always a considerable carry-over of case material under treatment and survey from one year to the next, it is inevitable that the totals given in the various Tables cannot tally with each other.

NOTE 2.—The corresponding figures for 1961 and 1962 are given in brackets.

TABLE I. <i>Interviews carried out by Psychiatrist.</i>	1963	1962	1961
New cases	90	(74)	(62)
Parents	117	(177)	(149)
Treatment interviews	58	(72)	(110)
Survey interviews	84	(58)	(45)
Others (Children's Officer, foster-parents, Probation Officer, etc.)	32	(28)	(19)
Home visits	6	(5)	(5)

TABLE II. <i>Interviews by Educational Psychologist.</i>	1963	1962	1961
Clinic interviews for intelligence and other tests...	149	(103)	(91)
Test interviews in schools	175	(213)	(86)
School visits	143	(179)	(159)
Home visits	101	(192)	(113)
Play or interview sessions	197	(214)	(239)
Parents	155	(—)	(—)
Others (Children's Department, Probation Officer, School Welfare, Health Visitors, Medical Practitioners, N.S.P.C.C., etc.)	120	(—)	(—)

TABLE III. <i>Interviews by Psychiatric Social Worker.</i>	1963	1962	1961
Interviews in Clinic	275	(—)	(—)
Home visits	38	(—)	(—)
School visits	5	(—)	(—)
Others	37	(—)	(—)

TABLE IV. <i>Sessions worked by Remedial Teacher.</i>			
Group sessions in schools	313	(300)	(273)
Individual teaching sessions in the Clinic	338	(368)	(289)

TABLE V. <i>Recommendations Made.</i>	1963	1962	1961
New cases referred to the Clinic during 1963 ...	140	(122)	(91)
New cases remaining 31st December where full diagnostic interviews are still incomplete ...	24	(11)	(9)
Recommended for—			
Intensive treatment	23	(17)	(4)
Survey	51	(49)	(24)
Relationship therapy or play group ...	9	(6)	(14)
Remedial teaching	5	(4)	(4)
Diagnosis and initial advice only ...	5	(10)	(13)
Diagnosis and report only ...	15	(16)	(17)
Other disposals	8	(9)	(6)
Cases closed, including those referred for initial advice and report only... ..	115	(106)	(89)

TABLE VI. <i>Sources of Referral.</i>	1963	1962	1961
School Medical Service	29	(31)	(22)
Schools	39	(29)	(29)
Parents	18	(14)	(8)
Juvenile Court and Probation Officer ...	2	(1)	(1)
Speech Therapist	5	(4)	(3)
Children's Officer	7	(8)	(12)
St. Christopher's	3	(3)	(8)
General Practitioners... ..	12	(8)	(4)
Hospital	9	(14)	(2)
School Welfare	5	(6)	(2)
Health Visitors	8	(3)	(—)
N.S.P.C.C.	2	(1)	(—)
County C.G.C.	1	(—)	(—)

TABLE VII. <i>Distribution of Schools.</i>	1963	1962	1961
Pre-school	5	(9)	(5)
Nursery	4	(2)	(2)
Infants'	35	(28)	(21)
Junior	41	(44)	(27)
Secondary Modern	29	(20)	(18)
Grammar and Secondary Technical ...	12	(7)	(2)
Not at school	3	(3)	(3)
Special Schools : Educationally Subnormal ...	8	(6)	(7)
Physically Handicapped and Delicate Children	2	(3)	(6)
Private	1	(—)	(—)

TABLE VIII. *Reasons for Referral.*

(Note.—The large variety of individual reasons are here grouped for convenience into four arbitrary and overlapping categories).

	1963	1962	1961
Educational problems	30	(26)	(32)
Behaviour problems	49	(52)	(29)
Emotional (Nervous) problems	52	(33)	(26)
Other reasons	9	(11)	(4)

TABLE IX. *State of Cases on Closure.*

(a) Completed :—	1963	1962	1961
Much improved	26	(21)	(18)
Improved	31	(22)	(20)
No change	7	(8)	(5)
(b) Diagnosis and initial advice only	17	(17)	(16)
(c) Diagnosis and report only	28	(28)	(19)
(d) Cases closed for other reasons	6	(10)	(8)

(These include children who have left school or the area before treatment was completed, or cases closed because of lack of co-operation).

PROVISION OF MEALS.

The number of children on the Free Meal List is 997.

CO-OPERATION OF PARENTS.

The number of parents who attended with their children for periodic medical inspection, together with the figures available for previous years, was as follows :—

	Number.	Total Percentage.	Percentage in Infant Group.
1914	1,096	14.2	—
1924	1,464	24.8	—
1934	4,077	48.6	83.0
1945	2,122	55.0	80.1
1954	4,697	57.6	88.2
1962	3,738	50.1	85.5
1963	3,283	47.9	84.5

Borough Children attending Special Schools.

BLIND.	No. of Pupils.
Sunshine House, Leamington Spa, Warwickshire	1
Lickey Grange School, Birmingham R. I. for the Blind, Worcestershire	1

DEAF AND PARTIAL HEARING.

Royal School for the Deaf, Derby	23
Mary Hare Grammar School for the Deaf, Newbury, Berkshire	1

PHYSICALLY HANDICAPPED.

Thieves Wood Residential School for Severely Physically Handicapped, Nr. Mansfield, Nottinghamshire	...	...	...	5
Irton Hall School, Holmrook, Cumberland	1

DELICATE.

Ashe Hall School, Etwall, Nr. Derby	63
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E.S.N.

Temple House School, Derby	92
St. Giles' School, Derby	92
Beacon School, Lichfield, Staffordshire	1
High Close School, Wokingham, Berkshire	...	...	...	...	2
Hilton Grange School, Bramhope, Yorkshire	...	...	...	...	1
Brookside School, Breadsall, Derbyshire	1

EPILEPTIC.

Lingfield Hospital School, Surrey	2
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HANDICAPPED PUPILS. PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES:—

During the calendar year ended 31st December, 1963.		1. Blind 2. Partially Sighted (1) (2)		3. Deaf 4. Partial Hearing (3) (4)		5. Physically Handicapped 6. Delicate (5) (6)		7. Maladjusted 8. E.S.N. (7) (8)		9. Epileptic 10. Speech Defects (9) (10)		TOTAL Cols. 1—10 (11)
A.	How many handicapped pupils were newly assessed as needing special educational treatment at special schools or in boarding homes?	—	—	3	—	2	17	2	34	—	—	58
	(i) of the children included at A, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	—	—	2	—	—	14	2	21	—	—	39
	(ii) of the children assessed prior to 1st January, 1963, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	—	—	—	—	—	7	—	5	—	—	12
B.	TOTAL (B(i) and B(ii))	—	—	2	—	—	21	2	26	—	—	51
	On 23rd January, 1964, how many handicapped pupils from the Authority's area—											
C.	(i) were requiring places in special schools TOTAL:— (a) day (b) boarding	—	—	—	—	—	—	—	—	—	—	—
	(ii) included at (i) had not reached the age of 5 and were awaiting:— (a) day places (b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting:— (a) day places (b) boarding places	—	—	—	—	—	2	—	—	—	—	2

HANDICAPPED PUPILS. PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES:—

<i>During the calendar year ended 31st December, 1963.</i>		1. Blind 2. Partially Sighted (1)	3. Deaf 4. Partial Hearing (3)	5. Physically Handicapped 6. Delicate (5)	7. Maladjusted 8. E.S.N. (7)	9. Epileptic 10. Speech Defects (9)	10. Speech Defects (10)	TOTAL Cols. 1—10 (11)
D.	(i) were on the registers of (1) maintained special schools as:— (a) day pupils (b) boarding pupils	—	—	—	—	—	—	208
	(2) non-maintained special schools as:— (a) day pupils (b) boarding pupils	—	—	5	—	—	—	46
		2	13 11	—	—	2	—	13
				—	3	—	—	18
	TOTAL ..	2	24	5	63	2	—	285
E.	(ii) were on the registers of independent schools under arrangements made by the Authority	—	—	1	—	—	—	1
	TOTAL (D(i) and D(ii))	2	24	6	63	2	—	286
	(iii) were boarded in homes and not already included under (i) and (ii) above	—	—	—	—	—	—	3
	TOTAL (D(i), (ii) and (iii))	2	24	6	63	2	—	289
	On 23rd January, 1964, how many handicapped pupils (irrespective of the areas to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944							
E.	(i) in hospitals	—	—	—	—	—	—	—
	(ii) in other groups (<i>e.g.</i> units for spastics, convalescent homes)	—	—	—	—	—	—	—
	(iii) at home	—	—	1	—	—	—	1

Educationally Subnormal.

Notified under Section 57(4), Education Act, 1944	...	...	4
Reviews carried out under the provisions of Section 57A of the Education Act, 1944	...	...	1
Decisions cancelled under Section 57A(2) of the Education Act, 1944	...	...	1

E.S.N. Day Special Schools.

34 children were seen and assessed during 1963, and 21 were ascertained as E.S.N. and admitted to one or other of the E.S.N. Schools.

The majority of these children were from junior schools and, although the I.Q. was not the only factor taken into consideration, nearly all were, in fact, in the I.Q. range 50—75.

The following is a report by Mr. W. J. Lake,
Headmaster of Temple House School.

During the year, seventeen children were admitted and twenty-four were discharged. Of the latter, five boys moved out of the district, one boy was transferred to a residential school, one girl was transferred to St. Giles' School, two boys were sufficiently improved to be able to leave school at fifteen, one boy was able to return to a secondary modern school and fourteen boys left school on reaching the age of sixteen.

Thirteen out of the fourteen sixteen-year-olds have been staisfactorily placed in employment.

Extensive repairs were carried out to the School building and all classrooms were decorated so that working conditions have improved considerably.

Mr. W. J. Avinal left us at Easter to take up a post in a residential school, and Mr. R. C. M. Stead left in July to take charge of a remedial department in a secondary modern school in Peterborough. Both had been with us for three years. Mr. K. F. Tucker joined us in September.

As we have been short-staffed for most of the year, many of the newer activities had to be abandoned, as did much of the remedial work. However, we were able to take a group of boys to the Lake District on an adventure holiday, which was most successful. We are very grateful to the Education Committee for their financial support which made this venture possible.

Our Youth Club and Evening Class continues to flourish and we feel that in this we are able to help boys in the first two or three years after leaving school. Car maintenance and driving instruction have proved to be very popular activities and several of the club members are now able to drive.

During the year, Mr. G. Todd, Educational Psychologist, completed his survey and re-testing of all boys over the age of thirteen. This has proved to be very interesting and helpful to us in our work.

There has been an increase this year in the number of children displaying various forms of personality difficulties, but thanks to the excellent co-operation of other departments (particularly the Child Guidance Clinic and the Children's Department) most of these have been quickly resolved.

The following is a report by Miss K. S. Jays,
Headmistress of St. Giles' School.

The number on roll has remained below one hundred all through the year. Seventeen children were admitted during the year, the majority being ten or eleven years old.

Nineteen pupils left the School. Of these eleven were senior girls who were successful in obtaining work in Derby. Four were senior girls who for one reason or another have not, or cannot, get work:—

- (a) probably unemployable.
- (b) living at home.
- (c) has not tried to get work.
- (d) physical disability.

One thirteen-year-old girl was transferred to Aston Hall; one twelve-year-old girl was transferred to an ordinary school; one fourteen-year-old girl returned to an approved school; one thirteen-year-old girl was sent to an approved school.

A full dental inspection was carried out in November, 1963.

Visits were made to local firms, *e.g.*, Prestige, Foister Clay and Ward, Albert Green, Hampshires, and the Co-operative Laundry.

The summer outing was to Riber Castle and Matlock.

We held our Harvest Festival in September, when the Rev. Alan Balding came to take the Service. Some old-age pensioners from Max Road came down, and afterwards the children took gift parcels to about twenty-two pensioners. In December, a group of girls took part in the Schools' Carol Concert in the King's Hall. The School's Nativity Play was on 11th December, when eighty parents and friends were present, and the School Party was held on 18th December.

Miss J. Pentreath left to get married, and Mrs. V. Robertson was appointed in her place, and took up her appointment at the end of July.

Class for the Partially Sighted.

Report by Miss M. I. Copley, teacher-in-charge.

At the close of 1963, this Class had been in existence for twenty-five years. It has been attached to three different schools, of which the present one provides by far the best conditions. The co-operation of the two Heads and their staffs is gratefully acknowledged, and also that of the Head and staff of St. Giles' School, where facilities are provided for housecraft and transportation.

The Class opened with thirteen pupils, and for one short period rose to eighteen, but since then there has been a gradual decline in the number of cases needing the facilities of this Class. This is undoubtedly due to the excellent Health Service in Derby.

From time to time contact is made between teacher and former pupils, including some of the original thirteen. They are employed in a wide variety of capacities, including gardening, telephone switchboard operating, store-keeping, and also working in shops and canteens. Several are happily married. This makes the overall picture one of happy successful living.

During 1963, one girl and one boy obtained employment at a time when the unemployment of school-leavers was a problem of nation-wide concern. One boy aged nine was admitted to the Class, bringing the total to six.

The wise use of leisure is a subject of concern in the Class, and it is gratifying to note that a girl has won a challenge cup for pianoforte playing, and that a boy plays chess in a Y.M.C.A. reserve team. Photography, though presenting difficulties to the partially sighted, is popular, and many of these difficulties have been overcome in informal sessions during lunch break. In this connection, a further asset to the Class has been the provision of the use of a room as a dining room, separate from the rest of the school, where these interests can be discussed and fostered over the mid-day meal.

This year the Class has also been given regular use of the junior assembly hall with its climbing apparatus. This has been used enthusiastically, but with discretion.

In June, these pupils took part in a school journey arranged for the Junior Department, and which included visits to the Criech Tramway Museum, Haddon Hall and Arbor Low. Those old enough have also attended regular swimming sessions, and shared illustrated travel talks with the older junior pupils. The girls attended house-craft classes at St. Giles' School.

Pupils transferred to normal schools have continued to make satisfactory progress and in this connection, grateful acknowledgement is made to the staffs of these schools for their patience and interest in these children.

Ashe Hall Special School for Delicate Pupils.

The following is a report by Miss M. E. Curtis, Headmistress.

The School continues to do its good work for the community. It is now twelve-and-a-half years since it opened.

We are now getting visits from older pupils who are grateful. Some of these show surprising health and prosperity. This is particularly so in the case of boys and girls who were long-term pupils, and so gained the utmost in well stabilised health and character training. I cannot enough emphasise the necessity for the latter. All the pupils discharged as school leavers during the last year were eventually placed in suitable employment or occupations.

The clerical class, in particular, has paid off dividends. Some pupils whose typing training began here are now in office jobs which offer very good chances of promotion.

In September, 1963, two boys gained 13-plus scholarships, and one boy achieved a Rolls-Royce apprenticeship. In School, two of our teams won First Class Cups at the Derby and Derbyshire Musical Festival. Eleven of the healthier boys and girls have learned to swim. These numbers could be increased if transport to Derby Baths were not so difficult or if we had our own swimming pool.

The School was honoured by the presence of the Mayor and Mayoress at the Garden Party in June; and by a visit from the Mayoress to the Christmas Party. The children greatly enjoyed this.

The care of our pony, pigs and donkeys, goat and calves still occupies our children pleasurably in their spare time.

Our domestic science teacher, having returned from her training, gives all the older boys and girls training in cookery in turn. It is good to watch children from homes without many advantages serve in style, and eat, mid-day dinners they have cooked themselves. In addition to school needlework, our five senior girl residents spend an evening of garment making with our trained dressmaker.

I cannot enough praise the efforts of those who run Brownies, Cubs, Guides, Scouts and Young Farmers. These have gone on steadily for years. A group working at preliminary training for Duke of Edinburgh Awards occupy Friday evenings profitably in this way.

One of our girls, aged ten years, handicapped for years by a dangerous heart condition was built up here ready for an operation at Great Ormond Street in November, 1963. Excellent arrangements were made for her easy journey in co-operation with British Railways. She returned to us before Christmas and is now 6lb. heavier and enjoys recreational and educational activities which she could never attempt before.

We continue to treat asthma with success, but it is a slow business to stabilize the condition and convince the child he can maintain this healthy state. Sometimes it is the parents who most need to be convinced.

We still get from time to time children who for psychological reasons are unable to cope with ordinary school. Usually these if carefully chosen do very well indeed and plain uncomplicated living succeeds where anxious thought had failed.

	Resident			Day		
	Total at 12 63	Admissions 1963	Discharges 1963	Total at 12 63	Admissions 1963	Discharges 1963
Boys	25	10	7	14	4	6
Girls	25	12	7	12	2	6
TOTALS	*50	22	14	†26	6	12

*—Includes 13 County children and 1 child from County of Leicester.

†—Includes 3 County children.

(Admitted and discharged figures do not include transfers)

PUPILS DISCHARGED IN 1963:

Average length of stay:-- Resident 26 months
 Day 35 months

Defect	Resident	Day
Asthma	12	5
Bronchiectasis	7	1
Bronchitis	11	4
Heart	1	---
Delicate and other defects	19	16
TOTALS	50	26

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

There are no centres for Higher Education or Vocational Training in Derby. Suitable cases requiring such training are sent to recognised institutions elsewhere.

TEACHING IN HOSPITALS.

The following report has been received from Miss M. Turner, who is in the service of the Local Education Authority and who undertakes the teaching of children of school age in the local hospitals :—

93 Borough school children have received individual tuition during 1963 as follows :—

	<i>Children's Hospital.</i>	<i>Derwent Hospital.</i>
Number of Children	84	9
Average period of tuition	1.7 weeks	5.5 weeks
Average age	9 yrs. 8 mths.	9 yrs. 3 mths.
Age range	5—15 years	6—13 years
Period range	1—6 weeks	4—7 weeks

Normal school curriculum is followed as closely as circumstances permit, and group and television lessons in History, Science and Geography are given wherever possible. However, the wide age range makes the teaching of Arithmetic, English, Reading and Writing essentially individual lessons.

Unrestricted visiting makes concentration on school work increasingly difficult, though many parents are co-operative and interested in their child's progress.

NURSERY SCHOOLS.

The two Nursery Schools (Central and Allenton) continue to function successfully on the lines indicated in previous reports. The children are visited regularly by the School Nurse and at frequent intervals by the Medical Officer. Every child is medically examined at least once per year and treatment inaugurated for any defects.

The number of children examined was:—

<i>School.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Central ...	28	29	57
Allenton ...	19	17	36
	—	—	—
Totals ...	47	46	93
	—	—	—

EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 401 children were examined as to their fitness to undertake employment. All were certified fit.

THE WORK OF THE SCHOOL NURSES.

Five nurses are engaged entirely on the work of the School Health Service.

Home visits	...	...	...	...	...	170
School visits	...	...	...	...	...	124

Visits to Nursery Schools.

					<i>Sessions.</i>
Number of visits paid	253

Clinics.

Minor Ailments and Specialist Clinics	1,389
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VERMINOUS CONDITIONS.

Routine Inspections of all children for the ascertainment of uncleanness are carried out in schools twice a year by the Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infested at previous inspections are made. All children who are found to be infested with lice or who appear to be seriously infested with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those children who require cleansing are immediately served with a notice requiring them to present the children at the cleansing centre. Children found at subsequent inspections to be re-infested are again required to attend for cleansing, and the parents are warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in 16 such cases in 1963. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's head and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Number of individual children cleansed	...	...	312
Number of sessions devoted to School Inspections			478

CHILDREN'S COMMITTEE WORK.

Special examinations of children committed to the care of the Local Authority are carried out by the medical staff of the School Health Service, and routine visits to the various Children's Homes are made monthly, and to the Remand Home once a week.

The following examinations were carried out during the year:—

Initial and routine examinations of Boarded-out children	...	100
Children for adoption	...	21
Examinations carried out at Children's Homes	...	69
Children for Approved Schools or Remand Homes (including examinations carried out at Remand Homes)	...	273
Other examinations	...	87

MISCELLANEOUS WORK.

Medical examinations were also made as follows :—

Teachers	...	...	...	...	...	...	...	49
Before proceeding to Skegness Seaside Home	...	...	...	...	...	...	...	421
Before taking part in School Journeys, Athletics, etc.	...	...	...	...	...	...	...	116
Before proceeding to School Camps	...	...	...	...	...	...	...	131
Intending Teachers	...	...	...	...	...	...	...	86
Outward Bound Courses	...	...	...	...	...	...	...	6
Before taking part in entertainments	...	...	...	...	...	...	...	2

MASS RADIOGRAPHY OF SCHOOL CHILDREN.

Report by Dr. W. Guthrie, Director of Nottingham Area No. 2 Mass Radiography Unit, on the Mass Radiography Survey of school children in 1963 :—

I give below the figures for the survey carried out by this Unit on the school leavers at Derby this month.

<i>Number X-rayed</i>			<i>Number Available</i>			<i>Percentage X-rayed</i>			<i>X-rayed first time</i>	
<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>No.</i>	<i>%</i>
501	601	1,102	544	654	1,198	92%	91%	92%	1,053	95%

Three examinees were recalled for large film—one boy and two girls. The large films of the two girls were satisfactory, but the X-ray film of the boy showed a definite shadow, suggesting possible tuberculosis. At the moment, however, the diagnosis is not definite and he has been referred to the Chest Clinic for further investigation.

APPENDIX A

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1964 20,950

PART I.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth).	No. of Pupils Inspected.	PHYSICAL CONDITION OF PUPILS INSPECTED.				Pupils found to require treatment (excluding dental diseases and infestation with vermin).		
		Satisfactory.		Unsatisfactory.		For defective vision (excluding squint)	For any other condition recorded at Part II.	Total individual pupils.
		No.	% of Col. 2.	No.	% of Col. 2.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1959 and later ..	308	308	100	—	—	1	15	16
1958	899	898	99.9	1	.1	6	47	52
1957	848	848	100	—	—	9	47	55
1956	160	157	98.1	3	1.9	—	17	15
1955	64	63	98.4	1	1.6	3	8	10
1954	47	47	100	—	—	4	4	7
1953	776	774	99.7	2	.3	85	59	135
1952	874	873	99.9	1	.1	106	54	157
1951	253	253	100	—	—	37	21	54
1950	149	147	98.7	2	1.3	21	11	31
1949	809	808	99.9	1	.1	127	43	163
1948 and earlier ..	1,669	1,669	100	—	—	357	61	411
TOTAL	6,856	6,845	99.8	11	.2	756	387	1,106

TABLE B.—OTHER INSPECTIONS.

Number of Special Inspections	1,484
Number of Re-inspections	6,113
TOTAL	7,597

TABLE C.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	73,377
(b) Total number of individual pupils found to be infested	756
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	312
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	312

**PART II.—DEFECTS FOUND BY MEDICAL INSPECTION
DURING THE YEAR.**

TABLE A.—PERIODIC INSPECTIONS

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.							
		ENTRANTS.		LEAVERS.		OTHERS.		TOTAL.	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	5	29	12	13	58	104	75	146
5	Eyes—								
	a. Vision ..	6	61	127	37	623	285	756	383
	b. Squint ..	21	11	6	1	58	35	85	47
	c. Other.. ..	1	6	2	3	8	11	11	20
6	Ears—								
	a. Hearing ..	—	16	—	5	11	50	11	71
	b. Otitis Media..	5	16	—	1	5	44	10	61
	c. Other.. ..	1	3	1	3	9	12	11	18
7	Nose and Throat ..	8	74	9	21	72	233	89	328
8	Speech	8	141	—	1	28	150	36	292
9	Lymphatic Glands ..	1	15	1	2	1	62	3	79
10	Heart	—	10	—	7	2	48	2	65
11	Lungs	1	42	1	10	6	148	8	200
12	Developmental—								
	a. Hernia ..	—	1	—	1	—	9	—	11
	b. Other.. ..	1	11	1	3	3	50	5	64
13	Orthopaedic—								
	a. Posture ..	—	2	1	3	6	11	7	16
	b. Feet	8	19	1	4	26	55	35	78
	c. Other.. ..	6	58	12	10	47	132	65	200
14	Nervous System—								
	a. Epilepsy ..	1	1	—	—	2	5	3	6
	b. Other.. ..	—	—	—	—	3	11	3	11
15	Psychological—								
	a. Development	—	8	1	3	1	60	2	71
	b. Stability ..	1	2	—	4	—	30	1	36
16	Abdomen	1	4	—	2	—	11	1	17
17	Other	1	28	2	33	19	206	22	267

“T” Requires Treatment.

“O” Requires Observation.

TABLE B.—SPECIAL INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE.	SPECIAL INSPECTIONS.	
		Pupils requiring Treatment.	Pupils requiring Observation.
(1)	(2)	(3)	(4)
4	Skin	1,921	284
5	Eyes— <i>a.</i> Vision	1,239	792
	<i>b.</i> Squint	234	96
	<i>c.</i> Other.. .. .	298	43
6	Ears— <i>a.</i> Hearing	23	185
	<i>b.</i> Otitis Media	54	66
	<i>c.</i> Other.. .. .	45	38
7	Nose and Throat	176	613
8	Speech	92	419
9	Lymphatic Glands	8	104
10	Heart	2	92
11	Lungs	9	320
12	Developmental— <i>a.</i> Hernia	—	16
	<i>b.</i> Other	7	131
13	Orthopaedic — <i>a.</i> Posture	5	45
	<i>b.</i> Feet	55	162
	<i>c.</i> Other	134	448
14	Nervous System— <i>a.</i> Epilepsy	14	13
	<i>b.</i> Other	5	41
15	Psychological— <i>a.</i> Development	2	69
	<i>b.</i> Stability	12	80
16	Abdomen	6	22
17	Other	2,434	820

**PART III.—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING
NURSERY AND SPECIAL SCHOOLS).**

**TABLE A.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT.**

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	304
Errors of refraction (including squint)	1,324
Total	1,628
Number of pupils for whom spectacles were prescribed ..	1,211

**TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE
AND THROAT.**

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) for diseases of the ear	3
(b) for adenoids and chronic tonsillitis	94
(c) for other nose and throat conditions	—
Received other forms of treatment	192
Total	289
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1963	6
(b) in previous years	22

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments ..	189
(b) Pupils treated at school for postural defects	3
Total	192

V—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Vaccination against Smallpox during 1963.

Age at Date of Vaccination ..		Under 1 year.		1 year.		2—4 years.		5—14 years.		15 years or over.		Total.	
		Dept	G.Ps	Dept	G.Ps	Dept	G.Ps	Dept	G.Ps	Dept	G.Ps	Dept	G.Ps
PRIMARY VACCINATIONS.													
Number Vaccinated ..		28	127	243	75	38	13	16	31	4	127	329	372
CASES SPECIALLY REPORTED	(a) Generalised Vaccinia ..	—	—	—	—	—	—	—	—	—	—	—	—
	(b) Post-vaccinal Encephalo-Myelitis ..	—	—	—	—	—	—	—	—	—	—	—	—
	(c) Death from complications other than (a) and (b)..	—	—	—	—	—	—	—	—	—	—	—	—
RE-VACCINATIONS.													
Number Vaccinated ..		—	—	—	1	—	6	—	15	—	153	—	175
CASES SPECIALLY REPORTED	(a) Generalised Vaccinia ..	—	—	—	—	—	—	—	—	—	—	—	—
	(b) Post-vaccinal Encephalo-Myelitis ..	—	—	—	—	—	—	—	—	—	—	—	—
	(c) Death from complications other than (a) and (b)..	—	—	—	—	—	—	—	—	—	—	—	—

The number of children under five years vaccinated against smallpox during the year was 524 as compared with 2,581 in 1962.

Diphtheria, Whooping Cough and Tetanus Prophylaxis.

Triple, Combined or Single Antigens were again used throughout the year.

Immunisation by the Department.

Number of sessions held	...	...	...	...	257
Average attendance	...	...	...	...	30

Diphtheria.—1,152 children under five years of age and 217 children between five and fourteen years of age were completely immunised against diphtheria. In addition, a further 2,990 were given reinforcing injections.

Whooping Cough.—1,135 children under five years and 6 children between five and fourteen years of age were completely immunised against whooping cough. In addition, 770 received reinforcing injections.

Tetanus.—1,153 children under five years and 219 children between five and fourteen years of age were completely immunised against tetanus, and 2,841 children were given reinforcing injections.

Immunisation by Private Practitioners.

657 children under five and 12 children between five and fourteen were completely immunised against diphtheria, and 487 children received reinforcing injections.

645 children under five and 12 children between five and fourteen were completely immunised against whooping cough. 341 children received reinforcing injections.

653 children under five and 15 children between five and fourteen were completely immunised against tetanus. 474 children received reinforcing injections.

Diphtheria Immunisation Table.

Age on 31/12/63 (i.e., born in year)	Under 1 1963	1—4 1959-62	5—9 1954-58	10—14 1949-53	Under 15 Total	% of estimated mid-year child population
Number of children who completed a full course of primary immunisation in 1963.. .. .	650	1,159	168	61	2,038	7.3%
Number of children who received a secondary (re- inforcing) injection in 1963.. .. .	3	1,244	975	1,255	3,477	12.5%
Total number of immunisa- tions given	653	2,403	1,143	1,316	5,515	19.8%

B.C.G. Vaccination against Tuberculosis.

During 1963, visits were paid to all the Secondary and Grammar schools in Derby in connection with the B.C.G. vaccination programme. The figures are as follows:—

	<i>No. given Heaf Test.</i>	<i>Tuberculin Positive.</i>	<i>Tuberculin Negative.</i>	<i>Vaccinated with B.C.G.</i>
School Children	1,606	91	1,412	1,408
"Contact" Scheme	112	12	100	100
				(Plus 34 babies vaccinated in maternity hos- pitals).

Vaccination against Poliomyelitis.

(A) VACCINATIONS CARRIED OUT BY DEPARTMENT, INCLUDING HOSPITALS FOR STAFF.

		SALK VACCINE.	ORAL VACCINE.
Children born in years 1944—1963 completely vaccinated	..	2	1,386
Young persons born 1934—1943 completely vaccinated	.. ..	—	208
Adults born before 1934 completely vaccinated	.. ..	—	349
Reinforcing doses given	.. ..	1	528
Fourth doses given to children aged between 5 and 12 years	..	3	2,113
		<u>6</u>	<u>4,584</u>

(B) VACCINATIONS CARRIED OUT BY PRIVATE PRACTITIONERS.

Children born in years 1944—1963 completely vaccinated	..	131	498
Young persons born 1934—1943 completely vaccinated	.. ..	9	62
Adults born before 1934 completely vaccinated	.. ..	7	34
Reinforcing doses given	.. ..	187	286
Fourth doses given to children aged between 5 and 12 years	..	18	163
		<u>352</u>	<u>1,043</u>

During the year, 2,686 persons were completely vaccinated, compared with 3,288 in the previous year; 1,002 persons received a third (reinforcing) injection or oral dose, compared with 3,815 in 1962. 2,297 children between the ages of five and twelve years received a fourth reinforcing injection or oral dose, compared with 4,267 in 1962.

Cases of Infectious Disease Notified during 1963

NOTIFIABLE DISEASE.	At all ages	At Ages—Years.											Unknown	Total Cases removed to Isolation Hospital.
		Under 1	1-	2-	3-	4-	5-	10	15	25	45	65		
		9	14	24	44	64	+							
Scarlet Fever	28	..	2	1	5	3	16	..	1	..	..	..	..	4
Whooping Cough	72	8	5	5	7	8	31	6	1	..	1	..	..	4
Measles	2565	104	349	386	348	356	956	51	12	3	..	..	..	49
Acute Poliomyelitis—														
Paralytic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Non-paralytic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including														
Membraneous Group) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infection ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Acute Encephalitis—														
Infective .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Post-infectious .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	104	6	8	6	10	12	27	8	11	9	4	3	..	5
Ophthalmia Neonatorum ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia	2	..	..	..	..	..	..	..	1	1	..	..	..	..
Acute Pneumonia	45	..	1	..	..	1	..	2	5	8	18	10	..	..
Para-typhoid Fever	1	..	..	..	..	..	..	..	1	..	..	..	..	1
Typhoid Fever	1	..	..	..	..	..	..	..	..	1	..	..	..	1
Food Poisoning	2	..	..	..	..	..	2	..	..	..	..	..	..	2
Erysipelas	19	..	..	..	..	..	..	..	..	2	9	8	..	6
Malaria .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Respiratory Tuberculosis ..	56	..	..	1	..	..	..	2	14	28	8	3	..	68
Non-Respiratory														
Tuberculosis	14	..	..	..	..	..	..	2	3	6	1	2	..	3
TOTALS	2911	120	365	399	370	380	1032	71	49	58	41	26	..	143

COMMUNICABLE DISEASES.

Scarlet Fever.

28 cases were notified. This is a decrease on the figure in 1962, when 40 cases were notified.

Whooping Cough.

72 cases were notified. This shows an increase of 67 on last year's total of 5 cases.

Diphtheria.

No cases were notified.

Measles.

2,565 cases were notified. This is an increase of 2,292 on the figures for 1962, when 273 cases were notified.

Acute Pneumonia.

45 cases were notified, compared with 36 in 1962. 28 of these cases were adults over the age of 45.

Meningococcal Meningitis.

One case was notified, the same number in 1962.

Ophthalmia Neonatorum.

One case was notified, compared with four in 1962.

Typhoid Fever.

One case was notified, compared with none in 1962.

Erysipelas.

19 cases were notified, compared with 15 in 1962.

Acute Infective Encephalitis.

No cases were notified.

Acute Poliomyelitis.

No cases were notified.

Puerperal Pyrexia.

Two cases were reported, compared with one in 1962.

Food Poisoning.

Two cases occurred, compared with three in 1962.

Malaria.

No cases were notified.

Dysentery.

104 cases were notified, compared with 229 in 1962.

The total number of notifiable diseases reported in the Borough during 1963 was 2,880, which shows an increase of 2,209 on the figures for 1962. This difference is largely accounted for by the fluctuation in the numbers of measles notifications.

Cancer.

The recorded deaths from various types of malignant disease shows a increase in number as compared with 1962, from 259 to 298.

The Table shows the deaths by age distribution :—

Age	Under 25 years.		25—34 years.		35—44 years.		45—54 years.		55—64 years.		65—74 years.		75 years and upwards.		All Ages.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
Stomach	—	—	—	—	—	1	3	3	7	2	8	8	6	6	24	19	43
Lungs & Bronchus	—	—	—	—	1	—	7	—	26	2	25	1	5	1	64	4	68
Breast	—	—	—	—	—	3	—	4	—	5	—	4	—	11	—	27	27
Uterus	—	—	—	—	—	—	—	2	—	6	—	7	—	2	—	17	17
Leukaemia and Aleukaemia ..	—	1	—	—	—	—	—	1	1	1	1	1	1	1	3	5	8
All Others	1	3	1	1	3	—	13	2	20	15	12	16	23	23	73	60	133
TOTALS	1	4	1	1	4	4	23	12	54	31	46	37	35	44	164	132	296

DERWENT HOSPITAL.**Detailed Analysis of Admissions and Discharges during 1963 (Borough only).**

Disease	Remaining 31/12/62.	Admitted.	Discharged.	Died.	Remaining 31/12/63.
Scarlet Fever	—	3	3	—	—
Chicken Pox	—	6	6	—	—
Whooping Cough	1	6	7	—	—
Gastro-Enteritis	—	6	5	1	—
Dysentery	—	5	5	—	—
Pneumonia	1	1	2	—	—
Measles	1	47	48	—	—
Glandular Fever	—	3	2	—	1
Salmonella Infection	1	2	3	—	—
Tonsillitis	—	4	4	—	—
Infective Hepatitis	—	3	3	—	—
Erysipelas	—	8	8	—	—
Mumps	—	12	12	—	—
Typhoid Fever	—	1	—	—	1
Paratyphoid "B" Fever	—	1	1	—	—
Various	12	37	47	1	1
TOTAL ALL DISEASES	16	145	156	2	3

Venereal Diseases.

RETURN relating to Borough residents who were treated at the Treatment Centre at Derbyshire Royal Infirmary, Derby, during the year ended 31st December, 1963.

<i>Name of Local Health Authority</i>	NUMBER OF NEW CASES IN YEAR			
	<i>Totals</i>	<i>Syphilis (Item 2)</i>	<i>Gonorrhoea (Item 6)</i>	<i>Other Conditions (Item 11)</i>
Derby County Borough . .	508	33	128	347

GENERAL COMMENTS.—The year passed uneventfully in that the Borough was fortunate in avoiding any epidemic of the more serious infectious diseases. In general, the immunisation state of Derby residents is satisfactory, and there has usually been a good response to the various campaigns launched by the Health Department during the past few years.

The mere absence of any serious outbreak of infectious disease, must however, leave no room for complacency, as so often happens, and strenuous efforts must be maintained by all concerned to keep the immunisation state of the population at as high a level as possible.

In these modern times of rapid global travel, combined with the large-scale movements of populations, and especially of the large numbers of Commonwealth immigrants now being admitted to this country, it is worth reminding people that the risk of highly infectious diseases such as small-pox, typhoid fever and others, being introduced must increase rather than decrease.

The fact that a certain disease of infection has been absent from the community for a time tends to lead to a degree of complacency among parents who have to be constantly reminded of the need to have their children fully protected by immunisation and vaccination. The personal persuasion of the Health Visitor in the home and at the Welfare Clinic has always been the chief means of educating parents in this respect, and this topic continues to be stressed throughout the year by the use of propaganda material, posters and leaflets, displayed at Welfare Clinics and also by talks to expectant mothers and to other groups.

SMALL-POX.—The numbers of children vaccinated against small-pox shows a very considerable decrease compared with the previous year. This is due to two reasons. Firstly the occurrence of several epidemics of small-pox throughout the country in 1962, led to a greatly increased demand for vaccination during that year; and secondly, during that year a circular was issued by the Minister of Health recommending certain changes in immunisation procedure. The most important change was the advice to vaccinate against small-pox after the age of one year instead of at 4–5 months as was previously the current practice in Derby. On this account a large number of infants who would normally have been vaccinated in 1963 have had their vaccination date postponed for one year. The reason for this change in policy, is that the complications of primary vaccination although rare, are now recognised as being less frequent during the second year of life.

INTERNATIONAL CERTIFICATES OF VACCINATION.—The occurrence of cases of small-pox in the United Kingdom in the previous year resulted in the demand by countries not normally requiring them, for certificates for travellers from Britain. This practice, combined with the large numbers of people who now holiday abroad, has caused a considerable rise in the number of small-pox Vaccination Certificates now being authenticated by the Health Department.

POLIOMYELITIS.—No case of poliomyelitis occurred during the year; immunisation of infants during the first year continued with an excellent response from parents, and the booster dose was given to all children at school entry who had previously received a primary course of immunisation in infancy.

The use of the oral vaccine is now firmly established, and this is certainly much more acceptable to children when it is given either on a few drops of syrup on a spoon, or on a sugar lump. No adverse reactions following the use of oral vaccine have been reported.

DIPHTHERIA, WHOOPING COUGH AND TETANUS.—No case of Diphtheria or Tetanus occurred during the year. The number of cases of Whooping Cough showed a slight increase on the previous year, but was well below the average of the previous five years. The cases were mainly mild, and no deaths from pertussis were reported. A combined or "triple vaccine" is used, which gives maximum protection, combined with a minimum of reactions.

MEASLES.—The usual biennial increase in the number of cases notified occurred during the year, this increase following the pattern of previous years; the majority of cases were mild, and complications when they did occur, usually responded well to treatment. During the year the Health Department with the co-operation of all the local general practitioners, participated in a survey organised by the Medical Research Council. The object of the survey was to determine the nature and numbers of complications occurring after an attack of measles, with a view to ascertaining whether the use of a protective vaccine would be justified in future. The results of this survey have not yet been published.

INFLUENZA.—It is not the policy of the Ministry of Health to offer routine immunisation against influenza to the general population, but following the practice of previous years, a considerable proportion of the bus crews of the Transport Department and a number of the Health Department staff were immunised during the late autumn months. It has been difficult to assess the efficiency of this vaccine, as considerable numbers of employees who have received the immunisation and are subsequently off sick are given certificates showing influenza as the cause of unfitness, whereas the cause is often only a febrile coryza or catarrh. The general impression, however, is that there is less influenza amongst those who have been immunised.

Dysentery.

The number of cases notified, *viz.* 104, showed a decrease from that of the previous year, when the number notified was 209. Nevertheless, the trend shows that there has been a rather sharp increase in the numbers of

notifiable dysentery cases within the past two years, compared with former years, when the numbers notified were very small indeed. At the same time it should be mentioned that this trend appears to be followed in most parts of the urban and industrial areas of the country.

The cases notified proved to be all of the *Shigella Sonne* type, and these cases are usually mild; all cases responded eventually to treatment, although a small number relapsed and required a second or even a third course of antibiotics or other specific anti-dysentery treatment.

No case was judged free from infection until three separate stools had been proved to be negative on bacteriological and cultural examination.

The bulk of the positive cases occurred in two main outbreaks, and a short summary of each outbreak is appended herewith:—

OUTBREAK OF SONNE DYSENTERY AT AN INFANTS' SCHOOL.—This first outbreak occurred in an Infant School and commenced at the beginning of March, 1963. It was at that time that a report was received from the Head Teacher, stating that a large number of children, mainly from the Infant School, were absent from school and were suffering from sickness, diarrhoea and general constitutional upset.

The following action was then taken:—

On 6-3-63, six random faecal specimens were taken from children who were absent ill at home.

On 8-3-63, laboratory examination showed that *Shigella Sonnei* organisms had been isolated in two of the above specimens.

On the same day, specimens were obtained from all other children who were absent from this school, and who had gastro-intestinal symptoms, or whose illness was suggestive of a dysenteric infection; in addition any of the teaching staff who complained of similar symptoms, and all kitchen staff and others concerned with the preparation of, or handling of food.

During the week following, that is from 8-16th March a further 16 cases of *Sonne* Dysentery were discovered, and isolated; all these positive cases were either pupils of the Infant School or their close contacts.

The entire school was thereafter kept under very strict surveillance, any new cases of illness occurring among staff or pupils, especially of a gastro-intestinal nature, were immediately isolated, together with their contacts; specimens were taken for bacteriological examination; and the entire school was visited twice daily by an experienced health visitor, who was also responsible for collection of specimens, etc., for laboratory examination, and for visiting those children off sick from school; in addition, the usual general measures were instituted to prevent further spread of infection as far as possible.

A further 24 cases occurred during the week ending 24-3-63, and 16 cases during the week ending 30-3-63. Thereafter, the outbreak was brought under control, although sporadic cases continued up to the end of May, 1963; indeed there were 12 new cases, involving four families, in the week ending 25th May, 1963,

Summary:—a total of 85 cases of *Sonne* Dysentery occurred in this outbreak, and, of these, a total of 56 cases within a period of three weeks—from 10–30th March. A large number of cases involved young children and their immediate or close contacts. The majority of the cases were of a mild nature and usually responded well to appropriate treatment; no child was allowed back to school until three consecutive specimens of stools had been proved negative bacteriologically.

AN OUTBREAK OF DYSENTERY WHICH PERSISTED OVER SIX MONTHS.—On February 5th, 1963, a woman of 33 years was notified by the Public Health Laboratory as a *Shigella Sonne* Dysentery case, both rectal swab and faecal specimens having been taken. This appears to have been the fore-runner of a total of 85 cases.

The majority of these cases were resident in the Firs Estate School area. With the co-operation of the school staff, any child reported as having diarrhoea, abdominal pains and/or vomiting, was excluded from school or nursery, until bacteriological specimens were proved negative. If the results were proved positive, specimens were taken from other members of the family and close contacts. Advice was given on the control measures necessary to prevent further spread of the disease.

A total of 762 specimens were taken, of which 164 were positive. There were 37 households involved in which there were a total of 85 cases.

Three children, whose specimens were persistently positive, were admitted to the Derwent Isolation Hospital, because it was felt that the treatment given at home was not consistent. After one month's stay, two were discharged negative, but the third child was taken home by his mother on the fifth day of his stay in hospital, and his treatment was continued at home. This child was first positive on March 13th, and was finally declared negative on August 15th, 1963. He was the last patient.

Six people who were contacts of positive Dysentery cases were excluded from their places of work, and their wages were paid by the Corporation. One was a milk-roundsman, and five were women whose duties brought them in contact with food: two in hospital kitchens, two in School Meals Service, and one who served food. A point worth noting is that no child was away from school with Dysentery at the schools where these two women worked.

The total of the wages paid to these six people by the Corporation was £105 5s. 1d.

OUTBREAK OF SONNE DYSENTERY AT A DAY NURSERY.—The second outbreak of Dysentery occurred at one of the Corporation's older type Day Nurseries. I have given below a short account of the history and epidemiological cause of this outbreak:—

On 22-10-63, the mother of a child attending the nursery was not very well, and complained of abdominal pains and loose stools. Four days elapsed, however, before she sought medical aid, and during that time the child attended the nursery daily. Immediately the case was diagnosed as being *Sonne* Dysentery, the child was removed, and specimens were taken from all members of the family.

The results of laboratory examination were—the first two faecal specimens taken from the child were *negative*, but the third was *positive*; the father was positive.

On 25-10-63, a Staff Nurse in charge of the Baby Nursery was off sick for one week, diagnosed GASTRO ENTERITIS. No specimens of faeces were taken before or after *treatment*.

On 21-11-63, Matron of the nursery observed frequent, loose, watery stools with sometimes an unpleasant odour, from some of the babies.

Specimens were then immediately taken from 56 of the children and 19 of the staff.

The results were:—

8 POSITIVE CASES.

67 NEGATIVE CASES.

Six of these positive cases came from the *BABY Nursery*.

Summary:—The organism isolated in all positive cases was *Shigella Sonne*. Specimens of faeces were taken from every member of the families of these children attending the Day Nursery, and also from every member of the nursing staff, kitchen staff and food handlers, etc.,

Six families had completely *NEGATIVE results* throughout.

The seventh family—five members of this family had *POSITIVE STOOLS*. All positive cases responded satisfactorily to anti-biotic and general treatment and all were able to resume attendance at the nursery or to commence their employment, after bacteriological clearance had been carried out.

Both these outbreaks, although not of major proportion or severity of degree, are illustrative of the fact that infections of this nature may readily have an "explosive" outbreak, especially under the conditions as described, that is, within closed communities of young, and therefore susceptible, persons. These outbreaks further emphasise the point that any gastro-intestinal upset, or complaint, no matter how trivial, occurring either among members of staff or the children themselves, should be reported immediately to a member of the medical or nursing staff, in order that further enquiry may be made and energetic measures then instituted if necessary, to cut out the spread of infection. A further point that was brought to notice during these two minor epidemics was the very considerable time and sterling effort expended by the two health visitors, and the matron and 'senior staff' of these nurseries, in collecting specimens, visiting the nursery and school involved, and all the contacts or cases in their homes, not on one occasion, but on many occasions.

Paratyphoid and Typhoid Fevers.

Only one case of Paratyphoid and one case of Typhoid were notified during the year, which was very satisfactory, considering the amount of overseas travel to the Continent and other places now taking place, and of the ever-increasing immigrant population now coming to the Borough, and residing there. There were no deaths.

Typhoid Fever.

I give below a short summary of the Typhoid case which was notified:—

The patient was a Pakistani adult male immigrant, who arrived in the United Kingdom by air from Pakistan on 13th November, 1963. He was ill on leaving Pakistan, and soon after arrival in this country, on 18th November, 1963, to be exact, he saw his own local doctor, who treated him at home for five days as a case of P.U.O. He was then admitted to the Isolation Hospital as his pyrexia was not subsiding, and he was generally rather ill. Stools and blood culture were taken, and on 25th November, 1963, a diagnosis of Typhoid Fever was confirmed. Five household contacts were visited, specimens and blood samples were taken from all of these, but all specimens proved to be negative. After a prolonged period of isolation in hospital the patient was discharged, with negative stools; he is being kept under surveillance for a time; as all these people were Pakistanis or of foreign extraction, and spoke little or no English, the task of rounding up contacts, or of obtaining any reliable history or details of illness, is rendered very time-consuming and arduous.

No cases of Enteric Fever occurred in any British or European residents within the Borough, although there were several false alarms in persons who had holidayed at Zermatt in Switzerland, at the time of the Typhoid epidemic there, and one of whom, on his return to Derby from Zermatt, developed symptoms very suggestive of Typhoid. Fortunately all examinations and investigations carried out proved entirely negative.

B.C.G. Vaccination and Tuberculosis.

The number of cases of "open" pulmonary tuberculosis continues its downward trend each year; a full course of B.C.G. vaccination is carried out each year, and all children between the ages of 12—13 years are offered the protective vaccination; the response in this area is very satisfactory; it is very significant that the number of positive reactions to the Heaf (Mantoux) Test in this age-group is now extremely small.

VI.—TUBERCULOSIS.

Report by Dr. Hugh G. Grace, Consultant Chest Physician.

Incidence.

The incidence of respiratory tuberculosis in Derby has changed very little in the past three years, the number of new cases found during 1963 being one fewer than in the previous year and two fewer than in 1961. The total of 56 new cases in 1963 included 11 who were referred to the Chest Clinic by the Nottingham Mass Radiography Unit and four who were discovered by routine examination at the Chest Clinic of contacts of known cases of tuberculosis. The number of Indians and Pakistanis notified as suffering from respiratory tuberculosis continues to rise. There were 15 in 1963, which is nearly 27% of the Derby total of new cases.

Notifications of cases of non-respiratory tuberculosis rose fairly sharply in 1963, the total of 14 being the highest for six years. No cases of tuberculous meningitis were notified.

Mortality.

The number of Derby deaths from respiratory tuberculosis during 1963 fell to four, all males. This is a remarkable figure, even in these times when a low tuberculosis death rate is normal, and it is necessary only to look back as far as 1951, when the number of Derby deaths from respiratory tuberculosis was 52, to appreciate the progress made in the treatment of this disease.

There were no deaths from non-respiratory tuberculosis.

Prevention.

The first visit to homes of newly notified cases of tuberculosis is made by a health visitor from the Chest Clinic as soon as possible after notification and the patient is advised *re* precautions which must be taken to avert the spread of infection. The health visitor also arranges for contacts to attend a special contacts session at the Chest Clinic, and she urges the acceptance of B.C.G. vaccination for younger members of the infected household and others in close contact. An explanatory leaflet regarding B.C.G. vaccination is also left at the house. Subsequent routine visiting of the family is made by the same health visitor to ensure that medical advice is being followed and proper precautions taken.

Contacts are asked to attend the Chest Clinic for examination by appointment, and the following is a summary of such work done during the past six years :—

YEAR.	<i>No. of New Cases of Tuberculosis notified.</i>	<i>No. of New Contacts examined.</i>	<i>Total Contact Attendances.</i>	<i>No. of Contacts found to be tuberculous.</i>
1959	68	408	1,069	6
1960	74	492	1,079	6
1961	63	449	1,201	3
1962	63	404	1,033	1
1963	70	408	987	4

B.C.G. Vaccination.

Contacts vaccinated at Derby Chest Clinic during 1963 under

Local Health Authority's approved Scheme	...	...	100
New-born infants vaccinated in maternity hospitals	...	...	34
Total	...	...	134

(NOTE.—Of the 408 new contacts examined during 1963, 110 were children.)

It is the practice in Derby to arrange regular re-examination for all home contacts of infective cases of tuberculosis and these are continued for varying periods, according to circumstances, after the last exposure to infection. In certain cases, Chest Clinic supervision has been prolonged for one to two years after contact has ceased. The same rule is observed in households where death from tuberculosis has occurred without prior notification of the disease.

Rehabilitation.

Suitable employment and conditions for tuberculous patients returning to work are very carefully selected, and, in this connection, the chest service is indebted to the medical officers of the larger industrial undertakings in Derby for the interest they have shown and the assistance they have given. All patients who have recently returned to work are, of course, kept under close supervision at the Chest Clinic.

Care and After-Care.

The excellent co-ordination which has been established in Derby between the Chest Clinic and the Medical Officer of Health's Department was fully maintained during 1963, and co-operation between those concerned with the care and after-care of tuberculous patients has been notably successful. Details of assistance given to patients under this head appear in the Almoner's section of this Report.

Health Visiting.

During the year, visits were made to 376 patients' homes by the two tuberculosis health visitors

Register of Notifications.

	RESPIRATORY.			NON-RESPIRATORY.			TOTAL CASES.
	Males.	Females.	Total.	Males.	Females.	Total.	
Number of cases of Tuberculosis remaining at 31 12 63 on the Register of Notifications kept by the Medical Officer of Health	446	288	734	77	105	182	916
Number of cases removed from the Register during the year by reason of —							
1. Withdrawal of notification ...	1	—	1	—	—	—	1
2. Recovery from the disease ...	36	32	68	1	—	1	69
3. Death (all causes) ...	11	—	11	—	—	—	11
4. Otherwise ...	39	9	48	—	—	—	48

Tuberculosis Notifications and Deaths, 1963.

AGE AND SEX INCIDENCE.

Age Periods.	New Cases.*				Deaths.			
	Respiratory.		Non-respiratory.		Respiratory.		Non-respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1 years ...	—	—	—	—	—	—	—	—
1— 2 „ ...	—	—	—	—	—	—	—	—
2— 5 „ ...	1	—	—	—	—	—	—	—
5—10 „ ..	—	—	—	—	—	—	—	—
10—15 „ ...	2	—	—	2	—	—	—	—
15—20 „ ...	5	3	—	3	—	—	—	—
20—25 „ ...	5	1	—	—	—	—	—	—
25—35 „ ...	14	2	3	1	—	—	—	—
35—45 „ ...	5	7	1	1	2	—	—	—
45—55 „ ...	5	—	—	—	—	—	—	—
55—65 „ ...	3	—	—	1	1	—	—	—
65—75 „ ...	3	—	1	1	1	—	—	—
75 and upwards	—	1	—	—	—	—	—	—
Totals ...	42	14	5	9	4	—	—	—

* New Cases.—Cases transferred to Derby during 1963 from other areas are not included.

New Cases and Deaths. Comparative Table for Years 1956—1963.

YEAR.	RESPIRATORY TUBERCULOSIS.		NON-RESPIRATORY TUBERCULOSIS.	
	*New Cases.	Deaths.	*New Cases.	Deaths.
1956	74	13	13	1
1957	84	10	18	2
1958	75	9	12	—
1959	61	10	7	—
1960	67	15	7	1
1961	58	11	5	—
1962	57	11	6	—
1963	56	4	14	—

* Transfers from other areas (excluding Reg. Genl. Transferable Deaths) not included.

Form T. 137 (Revised)

1960.

Public Health (Tuberculosis) Regulations, 1952.

PART I.

Summary of notifications of tuberculosis during the period from the 1st January, 1962, to the 31st December, 1963, in the County Borough of Derby.

AGE PERIODS.....	FORMAL NOTIFICATIONS.													
	Number of Primary Notifications of New Cases of Tuberculosis.													
	0-	1-	2-	5-10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages).	
Respiratory, Males ...	-	-	1	-	2	5	5	14	5	5	3	2	-	42
Respiratory, Females...	-	-	-	-	-	3	1	2	7	-	-	-	1	14
Non-Respiratory, Males ...	-	-	-	-	-	-	-	3	1	-	-	1	-	5
Non-Respiratory, Females ...	-	-	-	-	2	3	-	1	1	-	1	1	-	9

PART II.

New cases of tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

SOURCE OF INFORMATION.			NUMBER OF CASES IN AGE GROUPS.													
			0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	TOTAL
Death Returns from Local Registrars.	Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	(A)
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	(B)
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	(C)
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	(D)
Death Returns from Registrar- General (transferable deaths)	Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	(A)
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	(B)
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	(C)
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	(D)
Posthumous Notifications	Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	(A)
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	(B)
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	(C)
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	(D)

TOTALS	(A)	.....	-
	(B)	.....	-
	(C)	.....	-
	(D)	.....	-

MASS RADIOGRAPHY IN DERBY**8th July to 2nd August, 1963**

I am indebted to Dr. Guthrie, the Medical Director of Nottingham Area No. 2 Mass Radiography Unit, for sending the following report:—

8,244 examinees were x-rayed as compared with 6,137 in 1962. The increased number x-rayed is probably due to the fact that the Unit operated at Derby a week longer than last year and the increase was mainly on the part of the general public—7,026 being x-rayed as compared with 4,721 in 1962. It is interesting to note that 53% of the general public were x-rayed for the first time, which is a much higher percentage than usual.

This year, for the first time since 1953, "Open" sessions were held and were well attended—whereas in 1953 the response to "Open" sessions was poor—this may be due to the fact that this time all the "Open" sessions were held during the last week and enabled people who failed to get an appointment to come for an x-ray, whereas in 1953 "Open" sessions were held in the same weeks as appointment sessions.

So far there have been three cases of active pulmonary tuberculosis, representing an incidence of .04%, and eight observation cases of pulmonary tuberculosis, representing an incidence of .1%. All have been referred to the Chest Clinic for treatment or further investigation. The figures for active pulmonary tuberculosis for the previous occasions on which we visited Derby are shown in the tables and it can be seen that each time we have visited Derby a few cases have been discovered.

Other conditions found are shown in the tables and are self-explanatory.

It is interesting to note that six cases requiring treatment or further investigation had normal films previously, and this illustrates the value of periodic x-ray of the chest.

Seven examinees did not return for large films, as requested. Two of these were technical faults and the other five fortunately did not show lesions of any great significance.

Mass Radiography Survey at Derby.

8th July — 2nd August, 1963

<i>Miniature Films.</i>	<i>Number x-rayed.</i>			<i>Number available.</i>			<i>% x-rayed.</i>			<i>x-rayed first time.</i>	
	M.	F.	TOTAL	M.	F.	TOTAL	M.	F.	TOTAL	No.	%
School Leavers ..	501	601	1,102	544	654	1,198	92%	91%	92%	1,053	95%
Ockbrook School	—	50	50	—	50	50	—	100%	100%	50	100%
General Public ..	3,537	3,489	7,026							3,758	53%
G.P. Referrals ..	13	16	29							21	72%
Wayfarers	37	—	37							11	38%
TOTAL ..	4,088	4,156	8,244							4,893	59%

<i>Recalls for Large Films.</i>		<i>Nil or No Action.</i>	<i>Investigation.</i>	<i>Did not come for Large Film. Investigation.</i>	
General Public ..	M.	26	10	5	—
	F.	28	9	2	—
School Leavers ..	M.	—	1	—	—
	F.	2	—	—	—
G.P. Referrals ..	M.	2	—	—	—
	F.	—	—	—	—
Wayfarers	M.	2	2	—	—

Clinical Examinations.

<i>Clinical Examinations</i>	<i>Number</i>	<i>Remarks</i>
Active Pulmonary Tuberculosis	M. 3	2 General Public and 1 Wayfarer. 1 had normal film previously. Referred to Chest Clinic.
Observation Pulmonary Tuberculosis ..	M. 5 F. 3	7 General Public and 1 Wayfarer. 1 had normal film previously. Referred to Chest Clinic.
Inactive Pulmonary Tuberculosis ..	F. 2	No action required.
Observation (Non-Tb)	M. 3 F. 1	Referred to Chest Clinic. 3 had normal films previously.
Pneumonitis	M. 1	School leaver. Referred to Chest Clinic.
? Pulmonary Carcinoma	M. 1	Referred to Chest Clinic.
? Sarcoidosis	F. 1	Referred to Chest Clinic. Normal film previously.
Pulmonary Fibrosis	F. 2	No action required.

[illegible]

VII.—MENTAL HEALTH

Administration.

(a) Most of the functions of the Local Authority and the Local Health Authority under the Mental Health Act, 1959, and Section 51 of the National Health Service Act, 1946, stand referred to the Health Services Sub-Committee, consisting of twelve members of the Health Committee, which meets monthly.

(b) All Mental Welfare Services are under the supervision of the Medical Officer of Health.

Dr. V. N. Leyshon, Medical Officer of Health, Dr. J. E. Masterson, Deputy Medical Officer of Health, Dr. G. W. R. McGregor, Senior Assistant Medical Officer of Health and Dr. C. L. Noble, School Medical Officer, are authorised to act as responsible medical officers in relation to patients under guardianship under Part IV of the Mental Health Act, 1959, or under Part III of the Sixth Schedule of the said Act.

There are 6 patients under the guardianship of the Local Health Authority.

Five Mental Welfare Officers share the duties under the Mental Health Act, 1959. There is 1 Senior Mental Welfare Officer and 4 Mental Welfare Officers. Two have considerable practical experience, one holds the Certificate in Social Science of the Sheffield University, one holds the Diploma in Social Studies of the London University and one is a State Registered Nurse and a Registered Mental Nurse and he is also studying for the Diploma in Political and Economic Studies at Nottingham University. There is also a Junior Female Trainee.

During the year the staff of the Junior Training Centre was maintained at full establishment.

The qualified supervisor and one assistant supervisor hold the Diploma of the Central Association for Mental Welfare. In addition there are three female unqualified supervisors and a male unqualified supervisor, the latter taking the senior boys' class. Also there is one female trainee.

(c) 97 visits in connection with renewal of Orders under Section 43 of the Mental Health Act, 1959, and applications for holidays were made on behalf of 11 hospitals.

(d) The Court of Protection have appointed the Senior Mental Welfare Officer to be the Receiver of the estates of three mental patients. Two patients are in hospital and the other is under the Guardianship of this authority.

(e) No duties are delegated to voluntary organisations.

Account of Work Undertaken in the Community.

(a) Under Section 28, National Health Service Act, 1946. Prevention, Care and After-Care :—

Prevention.

The Mental Welfare Officers made 720 visits and dealt with 428 cases as follows :—

112 neurotic and confusion cases with domestic difficulties :—

Following visits to each case and contact with employers and other officials, improvement in domestic relations was eventually brought about in all cases.

- 12 males were found other employment.
- 9 females were found other employment.
- 69 persons were persuaded to undergo out-patient treatment.
- 6 males persuaded to attend rehabilitation centre.
- 1 female persuaded to attend rehabilitation centre.
- 19 males found lodgings.
- 6 females found lodgings.
- 119 patients are receiving regular visits for observation.
- 27 females persuaded to attend general practitioner.
- 19 males persuaded to attend general practitioner.
- 18 cases investigated proved to be caused mainly by neighbours' quarrels.
Differences adjusted in many cases.
- 11 cases—arrangements were made for elderly, mildly confused patients to be admitted to Manor Hospital.

Prevention.

A single lady aged 30 years, rather dull of intellect but a good domestic worker. She was somewhat run down in general health, had not been sleeping or eating well and was so depressed that she was contemplating suicide. At first she refused medical aid, but later was persuaded to accept this and was referred to a psychiatric out-patient clinic. A holiday was arranged for her and eventually a change of employment. She is working quite happily again.

An elderly spinster had stayed at home with her parents all her life and had nursed them both through long illnesses. After her parents died she was left alone, having no other relatives and very few friends owing to such close living with her parents. She narrowly escaped a complete mental breakdown but after a prolonged period of visiting and support from the mental welfare officer, she was encouraged to take up residence with another single lady. They have interests in common and are now living together quite happily.

The Home Help Supervisor reported on an old lady aged 80 years who appeared to be rather confused. A visit was made and it was ascertained that although she was dementing and received a great deal of attention, her husband preferred to keep her at home for as long as possible. His main problem was that she could not be left alone. Contact was made with the Women's Voluntary Service and they kindly agreed to arrange for a visitor

to call. The husband was thus able to devote more time to himself. This case is regularly visited in order to ensure that, should the patient's condition deteriorate, the appropriate action would then be taken.

A half-caste girl aged 18 years was referred to this department after receiving treatment at a general hospital for an overdose of tablets. She had one coloured illegitimate child and was living with a white man who was already married and she was again expecting another child by this man. Her life had been continually disturbed. She was illegitimate herself and had lived in seventeen different homes. National Assistance Allowance was obtained for her and she was encouraged to spend wisely and make proper arrangements for her confinement. She was suspicious and resented authority and it proved very difficult to establish good relationship. She eventually disagreed with her paramour and hurriedly left this town. The authority in whose area she had taken up residence was informed of her address and were requested to accept this case.

A middle-aged lady was referred to this department by a psychiatrist who stated that she was suffering from depression. This was largely caused by the fact that she and her husband had given up their home to look after her mother-in-law who was aged, bedridden and an extremely difficult person to deal with. A visit was made and a home help arranged. Applications were made for a bed at the Manor Hospital by this department and, at our request, by the general practitioner and the psychiatrist. Eventually a bed was obtained at the hospital and the mother-in-law was persuaded to enter therein. The patient was thus relieved of a great deal of anxiety and is greatly improved.

A young married woman aged 20 years deserted her husband and three children. Her husband reported to the Mental Welfare Department that she was mentally ill and in need of treatment. A search was made for the patient with the help of the police and the local newspaper and she was eventually located in a street café where she had taken up employment since leaving her husband. She did not appear to be mentally ill and was quite determined that she was not going to return to her husband; she would not let him be informed of their new address. However, it transpired that there were conditions under which she was prepared to return to her husband and once these were disclosed it proved possible for the mental welfare officer to bring about a reconciliation. The mental welfare officer continued to visit the patient for several months to help them with their personal difficulties. Both were persuaded to attend an out-patient clinic but only one visit to the clinic proved to be necessary. A fourth child was born some time afterwards and the members of this family are now extremely happy.

The Casualty Officer, Derbyshire Royal Infirmary, requested the help of the mental welfare officer to deal with a patient aged 17 years who had made a demonstration of suicide by attempting to strangle himself with a belt. The facts were investigated but it was decided that compulsory action under the Mental Health Act, 1959, was inappropriate to deal with this case. The boy obviously lacked confidence in himself and it was felt that to take him to a psychiatric hospital might well destroy any vestige of pride or confidence that he had left. His parents were anxious for him to return home and he was quite prepared to go home, having agreed to attend an out-patient clinic in the very near future. Prior to this incident the patient had been unemployed

for several months and this was an obvious source of difficulty within the family. He was found employment and visited regularly by the mental welfare officer. Later reports confirmed that his personal circumstances had improved considerably and no further family disunities have been recorded.

A young woman aged 23 years, the mother of a four-year-old boy, was brought to the notice of this department by the Borough Police when she ran in front of a bus on London Road, narrowly escaping injury. The patient was mildly depressed. She said that her husband had deserted her two years ago and she was now co-habiting with a twenty-six-year-old widower. Her present trouble arose from the fact that she was pregnant and dare not tell her co-habitee because she feared that he would turn her and her boy out of the house. This case proved to be far more complicated than it at first appeared, but several conversations with the patient, her co-habitee and relatives, restored a measure of security to the situation, and enabled her to regain normal health so that she can again cope with the problems arising from her adverse matrimonial circumstances.

A young man aged 22 years lives with his father, who has a long history of mental illness, and his mother, whose physical health is rather poor. He has gradually slipped into schizophrenic illness associated with bizarre delusions, and resulting in personal neglect and loss of employment through bad time keeping. His symptoms increase in severity in the presence of his father who persists in the use of highly provocative language. Lack of co-operation on the part of his parents has also been a barrier to procuring sustained psychiatric help. Numerous visits are made to the house and with the help of the Disablement Rehabilitation Officer he was placed in employment with a Mineral Water manufacturing firm. The fact that his father has again been admitted to hospital may help him to settle to his work better than on previous occasions. This family will require social and psychiatric help for a considerable period of time.

Observation and Care.

The Mental Welfare Officers made 1,076 visits and dealt with 903 cases as follows:—

229 cases persuaded to enter hospital as informal patients.

40 cases reported and no compulsory action taken.

187 cases requiring emergency admission to hospital—Section 29 of the Mental Health Act, 1959.

34 cases requiring admission to hospital for observation—Section 25 of the Mental Health Act, 1959.

23 cases requiring admission to hospital for treatment—Section 26 of the Mental Health Act, 1959.

252 mental patients:—

Claiming of wages, National Insurance, National Assistance, Disability Pensions, Retirement Pensions, Unemployment Benefit, general welfare inquiries, the storing of personal property and communications with distant relatives on their behalf.

73 male patients helped to settle domestic affairs.

65 female patients helped to settle domestic affairs.

Care.

A young man aged 35 years had been wandering around this town for some considerable time. He was quite harmless but was obviously living in a world of his own and was out of touch with his surroundings. He was observed to be getting rather neglectful of his personal appearance, etc. When the mental welfare officer was able to make closer acquaintance with him he was found to be utterly confused and obviously in need of help and treatment. He was refusing medical treatment and needed to be almost compelled to enter hospital. He was eventually persuaded to accept treatment and he is now responding very well. Contact was made with his father who had moved from Derby to another town. At some future date he will be encouraged to join his father and will no doubt be able to take up suitable employment in that area.

An elderly single lady had for some years been gradually withdrawing from social life until she scarcely ever left her house. She was becoming a recluse and living in appalling conditions. It was extremely difficult to make contact with her as she would not open her door to anyone. At times she could be heard screaming and shouting that she would kill anyone who tried to enter. Entrance was, however, obtained and it was discovered that she had in fact quite an assortment of weapons to hand including several carving knives, a hatchet and pokers. A doctor was called and after the correct legal procedure had been taken she was admitted to hospital. The lady has now settled down in a suitable part of the hospital. It was necessary to give up the tenancy of the house as she will probably stay permanently in care.

An elderly man aged 81 years was referred to this department by his general practitioner as suffering from senile dementia and also with a request for assistance to be given to his wife in caring for him. A visit was made and after a great deal of persuasion he agreed to sign a form requesting a home help. The Women's Voluntary Service were asked to help and arrangements were made for this elderly couple to receive "Meals on Wheels". Unfortunately the patient continued to deteriorate and was most abusive, using bad language and becoming noisy and demanding. He was examined by a psychiatrist and as a result of this examination he was admitted to hospital under Section 29 of the Mental Health Act, 1959.

An elderly man aged 70 years was referred to this department by his general practitioner as suffering from senile dementia. He was living with his two sisters who were both aged and feeble. When first visited he refused the suggestion that he accepted treatment in hospital. Very frequent visits were made and close supervision maintained. His two sisters managed very well for several months and their brother appeared to improve a little. Eventually one of his sisters was confined to bed and the patient commenced staying out late at night and then becoming confused and losing his way home. He became ill-tempered, refused to eat and doubly incontinent. His general practitioner was contacted and he arranged for a psychiatric examination. After much persuasion the patient agreed to enter hospital and was admitted on an informal basis.

A mentally subnormal man aged 44 years occupied a small house which was badly neglected and had no proper locks to the doors. He used only one room in the house. He was employed by a local coal merchant and spent all his leisure as well as his wages in public houses. His rent was in arrears, and the landlord, who wanted to repossess the property, was frightening him by summary demands for payment and may well have exploited him but for the intervention of this department. After careful consideration it was felt that this patient should not continue to live alone. Several abortive attempts were made to find alternative accommodation and eventually a family friend was persuaded to take him in. He is now much happier, enjoys television and drinks much less.

A girl aged 16 years came to live in Derby from Glasgow. She was accompanied by a girl friend slightly older than herself. Their landlady rang the mental welfare officer one morning in acute distress and asked him to call and see her as soon as possible. Subsequently it transpired that the girl was verminous, enuretic and obsessed with the idea that she was homosexual. There was absolute chaos in the household. The landlady had been battling for two weeks to get rid of the vermin but the girl was extremely unco-operative and the only one still infested. She was examined by a doctor who decided that she was not suitable for admission to hospital, but recommended that she should be returned home to her mother in Glasgow. The patient arrived home to her mother on the following day.

A girl aged 17 years living with a coloured man was kept under observation for a long period of time. She had not been ascertained as subnormal but it was widely considered by probation officers and children's officers that she was mentally subnormal. The mental welfare officer persuaded her to attend an out-patient clinic and the subnormality was confirmed. Eventually she became pregnant and a report was received from the health visitor that she was not making adequate preparation for the birth of her child. There were also reports that she might be contemplating an abortion. An application was made for the patient to be admitted to a psychiatric hospital but the coloured man refused to let her go. The patient felt that she had to comply with his wishes. A later report stated that the patient had been fighting with the coloured man and the mental welfare officer made emergency arrangements for her to be admitted to a psychiatric hospital until such time that it was possible to transfer her to a Mother and Baby Home.

After-Care.

The Mental Welfare Officers made 1,305 visits and dealt with 566 cases as follows:—

- 36 males were returned to regular employment.
- 9 males were found new lodgings.
- 14 females found new lodgings.
- 22 females were returned to regular employment.
- 53 males kept under constant supervision.
- 58 females kept under constant supervision.
- 48 males re-admitted to mental hospital.
- 64 females re-admitted to mental hospital.
- 4 males persuaded to attend rehabilitation centre,

- 5 males found change of employment.
- 4 females found change of employment.
- 13 males persuaded to continue with out-patient treatment.
- 20 females persuaded to continue with out-patient treatment.
- 208 cases visited at regular intervals.
- 5 reconciliations effected.
- 3 females sent to convalescent home.

After - Care.

A man aged 55 years ceased to attend his place of employment and complained of head pains for which no organic reason could be found. He became very lethargic and wanted to lie around all day, this being quite a reversal of his normal active way of living. Arrangements were made and he attended an out-patient clinic for some months. Finally it was necessary for him to be re-admitted to hospital. It was quite some time before a full response was obvious. The man has now returned home and is working well. He continues to receive visits from the mental welfare officer which he much appreciates.

A middle-aged lady, with a young daughter whose husband had deserted her was in rather poor circumstances. She became very depressed and made a suicidal gesture. After a few months hospital treatment she is now back at home and with support and visiting from the mental welfare officer appears to be coping quite well with the situation.

A middle-aged lady of 62 years who had previously been a patient in Kingsway Hospital was reported by her husband to be in need of help and treatment. She was visited by the mental welfare officer who formed the opinion that she was again suffering from mental illness. Appointments were made regularly for her to attend the psychiatric out-patient clinic but she suffered with bronchitis and was often unable to attend. She was always visited the day before an appointment and according to her condition, an ambulance ordered or the appointment cancelled. She received regular visits but eventually deteriorated to the point of needing in-patient treatment.

A woman aged 42 years was suffering from chronic mental illness. She had been a psychiatric patient in hospital on six previous occasions. She was referred to this department for after-care. Shortly after her last discharge from hospital she rang the police asking for help and saying that she had left her employment. She was visited by the mental welfare officer who was able to reassure her that all was well and after a great deal of persuasion she returned to work. Frequent visits were made and the patient's condition slowly improved. Out-patient appointments were also made to fit in with her working hours.

A patient aged 53 years was admitted to a psychiatric hospital from a ward in a general hospital where his wife had undergone a major operation. He was extremely confused and incapable of looking after himself. The furniture and personal possessions belonging to himself and his wife were stored in three households because he and his wife had received notice to quit their lodgings only three days before his admission. Their personal possessions were removed from the lodgings by neighbours and friends and stored in their

separate houses. While the patient and his wife were in hospital these possessions were supervised by the mental welfare officer who eventually found a flat into which they could be taken and to where the patient and his wife could go when discharged from hospital. After they were discharged from hospital the mental welfare officer visited on numerous occasions to ensure that they had sufficient food and clothing for their needs. The patient returned to work and was transferred to another area where he was given accommodation by his employers.

A man aged 41 years had been unemployed and had resided at a hostel for a number of years. During this period hospitalisation became necessary on two occasions when he expressed delusional ideas. His early employment record was quite good and it appeared that assessment of his ability under workshop conditions was indicated. After repeated attempts to persuade him to attend a rehabilitation unit had been unsuccessful because he failed to keep appointments, it was generally felt that he was simply work-shy. This conclusion did not satisfy the mental welfare officer who made a final effort to get him to Long Eaton Industrial Rehabilitation Unit. The result of this was that the first appointment coincided with a gastric upset, and a further arrangement was prevented by a road accident in which he sustained a fractured thigh. During treatment for his injury he again lapsed into delusional thinking and was transferred to a psychiatric hospital. It was now considered that a real fear of a change in environment had been responsible for his behaviour and may have been sufficiently serious to contribute to the cause of his accident. A cleaning job in the hostel where he resides has been procured for him, and as he is working well at this it is expected to be a stepping stone to a more responsible position.

**NATIONAL HEALTH SERVICE ACT, 1946, AND MENTAL HEALTH ACT, 1959.
MENTAL HEALTH STATISTICS FOR 1963.**

1. Admissions to guardianship of L.H.A. or other guardian during the year ended 31/12/63.	GUARDIAN	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTALS				GRAND TOTAL
		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
(a) Under Sect. 33 ..	{ L.H.A. .. Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sect. 41 (2) (b) from hospitals..	{ L.H.A. .. Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sect. 41 (2) (b) from mental nursing homes ..	{ L.H.A. .. Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sect. 87 ..	{ L.H.A. .. Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(b) On court orders, Sect. 60 or 61 ..	{ L.H.A. .. Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) By direction of Home Secretary, Sect. 79..	{ L.H.A. .. Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Total number under guardianship at 31/12/63 ..	{ L.H.A. .. Other ..	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	3	2	5
		—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1

MENTAL HEALTH STATISTICS FOR 1963—continued.

	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTALS				GRAND TOTAL
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
3. Number of patients under L.H.A. care at 31/12/63.																					
(a) Total number	—	—	123	187	—	—	3	3	8	7	130	130	20	29	41	39	28	36	297	359	720
(b) Attending day training centre ..	—	—	—	—	—	—	—	—	8	6	10	9	11	13	2	5	19	19	12	14	64
Awaiting entry thereto	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Resident in residential training centre ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Receiving home training	—	—	7	7	—	—	—	—	—	—	5	1	—	—	—	—	—	—	12	8	20
Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence in L.A. home/hostel..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense in other residential homes/hostels	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e)	—	—	116	180	—	—	3	3	—	1	115	120	9	16	39	34	9	17	273	337	636

**NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL OR ADMITTED FOR TEMPORARY
RESIDENTIAL CARE DURING 1963.**

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTALS				GRAND TOTAL
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
1. Number of patients in L.H.A. area on waiting list for admission to hospital at 31/12/63.																					
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	1	2	1	3	—	2	1	3	1	7
(b) Not in urgent need of hospital care	—	—	—	—	—	—	—	1	—	—	—	—	1	1	4	2	2	1	4	2	9
(c) TOTAL	—	—	—	—	—	—	—	1	—	—	1	3	2	7	2	2	4	2	7	3	16
2. Number of admissions for temporary residential care (e.g. to relieve the family).																					
(a) To N.H.S. hospitals	—	—	—	—	—	—	—	1	1	5	9	8	7	2	1	1	9	8	7	10	34
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) TOTAL	—	—	—	—	—	—	—	1	1	5	9	8	7	2	1	1	9	8	7	10	34

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1963.

REFERRED BY	MENTALLY ILL						PSYCHOPATHIC						SUBNORMAL						SEVERELY SUBNORMAL						TOTALS						GRAND TOTAL
	Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	
(a) General practitioners	1	1	66	103	—	—	—	—	—	—	2	2	6	6	4	2	7	7	72	107	193										
(b) Hospitals, on discharge from in-patient treatment	—	—	78	118	—	—	—	—	1	—	1	1	—	—	1	—	1	—	80	119	200										
(c) Hospitals, after or during out-patient or day treatment	—	—	138	194	—	—	3	1	—	—	1	—	—	—	—	—	—	—	142	195	337										
(d) Local education authorities	—	—	—	—	—	—	—	—	2	1	—	—	4	1	—	—	6	2	—	—	8										
(e) Police and courts	—	1	47	37	—	—	—	—	—	—	2	1	—	1	1	—	—	2	50	38	90										
(f) Other sources	—	—	37	52	—	—	—	—	1	2	1	3	3	4	2	—	4	6	40	55	105										
(g) TOTAL	1	2	366	504	—	—	3	1	4	3	7	7	13	12	8	2	18	17	384	514	933										

NATIONAL HEALTH SERVICE ACT, 1946.

MENTAL HEALTH STATISTICS FOR 1963.

PREMISES PROVIDED AT 31st DECEMBER, 1963.

AGE GROUP PROVIDED FOR	MENTAL CATEGORY PROVIDED FOR	DAY TRAINING CENTRES		RESIDENTIAL TRAINING CENTRES		SOCIAL CLUBS OR CENTRES		HOMES OR HOSTELS	
		Number of centres	Number of places	Number of centres	Number of places	Number of clubs or centres	Number of places	Number of homes or hostels	Number of places
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Under 16 ..	(a) Mentally ill ..	—	—	—	—	—	—	—	—
	(b) Mentally subnormal ..	—	—	—	—	—	—	—	—
2. 16 and over ..	(a) Mentally ill ..	—	—	—	—	—	—	—	—
	(b) Mentally subnormal ..	—	—	—	—	—	—	—	—
3. Juniors and Adults ..	(a) Mentally ill ..	—	—	—	—	—	—	—	—
	(b) Mentally subnormal ..	1	90	—	—	—	—	—	—
4. ..	TOTAL ..	1	90	—	—	—	—	—	—

5. Special units included in 1—4 above providing for groups such as the severely subnormal with gross physical handicaps or gross behaviour difficulties	Units functioning as Group within Day Training Centres	Self contained units independent of Day Training Centres		(a) Number of units ..	(b) Number of places ..	(a) Number of units ..	(b) Number of places ..
		Number of units	Number of places				
		—	—	—	—	—	—
		—	—	—	—	—	—

Number of Local Health Authority Staff in certain Categories at 31st December, 1963.

Grade.	Qualifications.	In post at 31/12/63.			Vacancies on establishment at 31/12/63.		
		Number of whole-time officers.	Part-time officers.		Number of whole-time officers.	Part-time officers.	
			Number.	Whole-time equivalent.		Number.	Whole-time equivalent.
A. TRAINING CENTRES.							
(1) Organisers	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
(2) Supervisors	(a)	1	—	—	—	—	—
	(b)	—	—	—	—	—	—
(3) Assistants (excluding domestic) staff.	(a)	1	—	—	—	—	—
	(b)	5	7	—	—	*1	—
(4) Home teachers ..	(a)	—	*1	—	*As Number of	Admissions	
	(b)	—	—	—	Warrant	—	—
		*—Employed by Public Health Department in all sections.					
B. HOMES/HOSTELS.							
(1) Wardens	—	—	—	—	—	—	—
(2) Others (excluding domestic staff) ..	—	—	—	—	—	—	—
C. MENTAL HEALTH SOCIAL WORKERS.							
(1) Senior posts, including all officers having supervisory or other special responsibilities.	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
	(c)	—	—	—	—	—	—
	(d)	1	—	—	—	—	—
(2) Social workers, excluding officers included in (1) above.	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
	(c)	1	—	—	—	—	—
	(d)	4	—	—	—	—	—

Dr. Hunter, Medical Superintendent, Kingsway Hospital, Derby, holds a weekly meeting each Monday, at which his medical staff, the occupational therapists, the hospital social workers, representatives of the Ministry of Labour and the mental welfare officers are present. The admissions and discharges during the previous week are discussed and information exchanged regarding patients as to their future, after-care and rehabilitation in civil and industrial life. In between meetings the Superintendent maintains contact by seeking the aid of the mental welfare officers with regard to any enquiry he wishes to be made and by obtaining and forwarding to him any patient's social history.

By permission of the Medical Superintendent, the mental welfare officers are allowed to see patients on any day with a view to relieving them of domestic, financial and other matters which may be causing them concern. Co-operation is readily given by all concerned.

Thanks are tendered to the Medical Superintendent, Medical Officers and staff of Kingsway Mental Hospital, also to the General Practitioners and police for their help and co-operation in carrying out the difficult duties under the Mental Health Acts.

The help and co-operation of all sections of the Ministry of Labour, also that of the National Assistance Board and the Ministry of National Insurance and Pensions, is greatly appreciated, also that of the W.V.S. for supplying meals and clothing to special cases.

Subnormal and Severely Subnormal Patients.

GUARDIANSHIP AND SUPERVISION.

At the end of 1963 there were 410 subnormal or severely subnormal persons under Non-Statutory Supervision, 64 being under the age of 16 years.

Of the total number of subnormal cases, 105 were in employment, 64 were attending the Junior Training Centre, 106 were at home.

197 Derby cases were in 27 different hospitals throughout the country.

The Mental Welfare Officers carried out 1,052 domiciliary visits during the year and one case was found to be socially stabilised and no longer in need of care.

As a result of these visits it has been possible to assist many subnormal cases in employment, domestic and financial problems.

IVY HOUSE JUNIOR TRAINING CENTRE.

Report for year ending March 31st, 1964.

There are 66 children attending Ivy House Junior Training Centre.

Seventeen girls under 16 and fifteen over 16.

Seventeen boys under 16 and seventeen over 16.

Some re-organisation has taken place during the year. When Miss Gordon, of the Ministry of Health, visited the Centre on May 21st, she advised that the boys and girls over 16 years of age be withdrawn from the general activities of the Centre, and organised into two Industrial Groups. Also that the admission groups be run as far as possible on Nursery School lines. These new arrangements have been put into operation and are working satisfactorily.

"Open days" were held on May 28th, 29th and 30th, when handwork was on view and for sale. Publicity was given through the *Derby Evening Telegraph* and we made several new friends who brought finished handwork, and placed orders for a variety of articles.

Two groups of members of the Nursing School Association visited the Centre. Also Miss Moss and a party of Matrons from the Day Nurseries.

The seaside outing was to Bridlington on July 2nd and was generally enjoyed by the children. A picnic was arranged for the few children too small to make the long journey, on another day. The Christmas Party was on December 13th, and a performance was given in the Centre on February 12th by "The Leon Valpre Royal Miniature Dog and Pony Circus".

Two gifts have been received from N.A.P.B.C. through Mr. Kilsby, the Secretary. £25 towards the Pet Shed, which we acquired to house the Centre pets, and a Projector Screen which has greatly improved the film shows given to the children by a member of the staff.

VIII.—SOCIO-MEDICAL WORK

Report by Mr. R. L. Carabine, Senior Social Caseworker.

The year proved to be one of considerable interest and challenge, bringing opportunities which we would willingly have exploited more fully had it not been for persistent staff difficulties.

Within the Health Department we continued to enjoy the closest relations with our specialist colleagues whilst outside we moved to a better understanding of our role with many doctors in general practice. However, it is still not possible to say that medical practice within the community is fully aware of our potential, nor that it makes the best use of the service we can provide at this moment.

Our aims as medical-social workers, must, in this limited space, be put briefly, they are:—

1. The prevention of those ills which can be prevented by social action, casework, and health education.
2. The minimisation of the social side-effects of existing illness and disabling diseases.

In so far as the second aim is concerned, we appreciate that the more tangible problems presented make it easier for doctors to recognise patients' needs and to make their requests. It is, however, the first of our aims which I wish to emphasise, and in order that we may carry this out it is essential that doctors should recognise those patients and families standing in need of both social investigation and social therapy. Our need is to be taken into the doctor's confidence at the earliest possible moment. Cases coming back to us from Psychiatric Clinics labelled "Social rather than Psychiatric" are not uncommon—it can therefore be reasonably assumed that there are many patients whose reaction to social stress creates doubt in the doctor's mind. Obviously these cannot all be referred to the Psychiatrist and I venture to suggest that these are the very patients we could assist with most in arriving at a more definitive diagnosis.

During the year under review these points have been demonstrated in our close association with a group practice whose willingness to use a caseworker in conjunction and collaboration with a health visitor has been both stimulating and rewarding. It is our hope that as and when the staff situation allows, there may be further developments—a compact casework section such as this lends itself to experimentation and there are undoubtedly many fields worthy of exploration.

In all other respects, we continued, as indicated earlier, to work in close co-operation with hospitals, clinics, and allied workers both in statutory and voluntary agencies.

The case examples given illustrate the general aspect of the work undertaken and will, I hope, demonstrate its variety.

A man aged 50 years, who, as a result of a road accident suffered brain damage which resulted in muscular weakness, some double vision and a complete change of personality. Formerly alert and active, he was, when first visited, emotional, listless and apathetic in turn, with no concern for the present or future. The strain on his wife was such that fears for her health were very much to the forefront of the minds of all concerned. Several visits were paid to this man and by exercising the greatest patience and understanding he was gradually led into undertaking some of the lighter household chores. Encouraged by this, every effort was made to persuade him to venture out of doors and eventually to attend the Occupational Therapy Centre. Here, under the active care of the Occupational Therapist, he has made tremendous strides and the problem now arising is one of finding him suitable paid employment. This case is mentioned in the report of the Occupational Therapist.

Mrs. M., aged 58, suffers from very high blood pressure and is liable to bouts of acute anxiety, depression, and inability to act on her own behalf. Her husband, who is an advanced case of Sclerosis, is a permanent hospital patient who is allowed home for brief stays. He wishes these to be more frequent but Mrs. M. finds the strain too great—because of this she develops a guilt complex, which in turn reflects on her health. On those occasions when the pressure becomes too much for her she requires considerable support. To be effective this support must be given with the greatest understanding and tact—on economic and humanitarian grounds we consider the time well spent.

Couple aged 62 and 60. Both suffering from heart conditions—both confined to ground floor of home. When first visited husband very depressed by enforced inactivity, gradually improved following several visits and full discussion and review of his situation. Ministry of Labour called in to investigate possibility of providing transport to enable patient to return to lighter work. This eventually proved possible and further encouragement provided by getting Housing Department to place their names on "exchange" list for ground floor flat.

Single woman living alone in tenement room, suffers from severe to moderate bronchial condition. No friends, no relatives in the town. Rather bitter and cynical, yet very much afraid. Has so far responded only to a limited extent, *i.e.* will now venture out of doors but will not attend Occupational Therapy Centre or undertake it at home. Object of visiting is to prevent mental deterioration—long term aim must be to get patient back into employment.

Young couple, three children. Husband diabetic, severe financial repercussions. Immediate situation eased by negotiations with Hire Purchase firms. More serious situation of marital discord caused largely by husband's failure to discuss sexual aspect of marriage with wife is gradually being resolved as some of his prejudices and fears are being broken down. Wife has now ceased to talk of abandoning the marriage and there is every hope of a successful outcome.

Middle-aged couple—wife progressive neurological condition, fretting and worrying over inability to cope with housework, magnifying and speculating over every minor ache and pain with consequent ill effects upon the marriage relationship. Both husband and wife interviewed separately and a good many misunderstandings cleared up. Wife now much more cheerful as family are

far more tolerant and appreciative of the fight she is putting up to overcome her disability.

Widow, two children, cancer patient. Inadequate personality, leans on Social Worker for advice in smallest detail as has no real links with family—cannot act independently. Collapsed, bedridden—Social Worker able to rally family into some action, and mother of patient moved in to look after children. Other voluntary services called upon and family coping with constant support from this Department.

Middle-aged woman, known to Department since 1962. During year has been supported by Department through legal separation from husband and the subsequent problems arising from inadequate mother coping with five young children, two of whom seem to have personality and behaviour problems. There has been a constant need to guide this woman who is apt to act impulsively and without considering consequences of actions. Her insecurity is demonstrated by her need to unburden to several agencies which at times leads to some confusion of effort.

Number of Referrals to Section.

Hospitals	524
Chest Centre	422
General Practitioners	247
Health Department	120
Local Authority Departments	39
Voluntary Agencies	11
National Assistance Board	17
Councillors	39
Other Sources	42
Patient's Own Approach	147
	<hr/>
	1,608

Diagnosis of New Referrals only.

Cancer	69
Cardiac and Circulatory	62
Chest Conditions	172
Debility	14
Diabetes	5
Gastric Conditions	8
Skin Conditions	9
Orthopaedic	43
Gynaecological	—
Tuberculosis... ..	67
Mental Stress	52
Neurological... ..	13
Paraplegic	4
Rheumatism and Arthritis	22
Epilepsy	1
Pregnancy	9
Other Conditions	115
	<hr/>
	665

Provision of Free Milk.

52 Patients were provided with free milk. Approximate cost to Committee of this milk is £951 18s. 1d.

Convalescence.

3 Patients were sent for preventive and recuperative convalescence at a cost of approximately £62 14s. 0d.

36 Patients were also sent for similar convalescence through voluntary and other agencies.

IX.—MISCELLANEOUS

Report on the Home Nursing Service.

During the year, the work of this Service has followed much the same pattern as previously.

There was, as usual, a predominance in the number of patients attended who were in the Geriatric category, now that people are living longer, this is only to be expected. A considerable proportion of the Nurses' time was taken up in the bathing of these elderly people, quite a number of whom are suffering nothing more than advancing years. It is regrettable that so much of the time of a State Registered Nurse is used in this way. Those people could be attended to quite efficiently by non-nursing personnel. It is hoped that as soon as possible, a "Bathing Service" will be instituted, which will be staffed by Bath Attendants, thus leaving the trained nurses to their more exacting procedures and allow more time for them to teach the patients and the patients' relatives to help themselves, for the Home Nurse is an educator as well as a nurse, and where better to teach than in the patient's home.

During the outbreak of Dysentery in the Firs Estate area, the Home Nurses were called upon to assist in the collection of faecal specimens, giving instructions in hygiene and also surveillance in households where positive cases were encountered.

In conjunction with the Ministry of Health campaign to discourage the habit of, or the commencement of smoking in young people, the Home Nurses have delivered a personal letter from the Medical Officer of Health to the parents of children between the ages of 10—15 years who attend schools within the Borough, asking the parents to persuade and advise the children against smoking and of the dangers involved.

The number of diuretic injections has decreased somewhat with the advent of more oral diuretics being given. Also, there has been a considerable reduction in the number of anti-biotics given by injection, especially to the younger patient. Again, more oral anti-biotics have been prescribed.

Groups of Student Nurses from both the Derbyshire Royal Infirmary and Derby City Hospital have spent either a morning or an afternoon on the district with the Home Nurses, to enable them to gain some insight into the difficulties which may be encountered and the improvisations made when nursing patients in their own homes, compared to nursing them in Hospital. These Nurses have been in their third year of training, and prior to taking their State Registration Examination.

From this short resumé, it will be seen how varied are the duties and interests in which the staff are actively employed. Three of the Home Nurses each year attend Refresher Courses designed to help them keep abreast of present trends and advances in nursing procedures, and all attend lectures which are held periodically with this in view.

1.	Total number of new persons nursed during the year ...	1,443
2.	Number of these persons who were aged under 5 at first visit in 1963	29
3.	Number of these persons who were aged 65 or over at first visit in 1963	871

Total number of visits made during 1963, 61,655.

The following equipment was loaned out during 1963 :—

	<i>Stock.</i>	<i>Cases Assisted.</i>
Air Rings	113	75
Backrests	119	153
Bed Cages	27	37
Bed Pans, P. & S.	159	181
Bed Pans, Rubber	13	2
Douche Cans	6	0
Feeding Cups	34	8
Hot Water Bottles	6	1
Mackintosh Sheets	190	168
Female Urinals	22	7
Male Urinals	108	78
Sorbo Beds	1	3
Lilo Beds	1	1
Commodes	32	26
Air Beds	1	2
Air Pumps	1	1
Sponge Rings	17	6
Breast Pumps	1	1
Bath Chairs	2	0
Fraeture Boards	2	1
Dunlopillo Mattresses	4	8
Bathroom Scales	1	0
Arm Bath	1	0
Male Urinals, Rubber	1	0
Raising Tackle	4	5
Small Chair on Wheels	1	0
Rubber Urinal Bags	4	0
Bed with Raising Tackle	1	1
Portable Washstand	1	0
Hoyer Hoist	1	2
Alternating Pressure Point Pad	1	2
P.C.P. Mattress	1	0
Bed Toilet Aid	4	4
Balkan Beam	1	0
Bed Table	1	0

OCCUPATIONAL THERAPY

Report by Mrs. E. M. Bentley, Senior Occupational Therapist.

Number of patients on register—60.

In the second full year of Occupational Therapy in the Health Department, it is possible to record briefly its development.

During the first year the number of patients on the register was 24. By January, 1963, this figure had almost doubled to 45 and at the close of the year under review there were 60 patients receiving Occupational Therapy treatment.

In March, 1963, a Centre in Stafford Street was made available for selected patients to attend and this makes it possible for 16 patients to receive treatment twice weekly.

The advantages of this are twofold. Firstly by inducing patients to come to the centre, means that they are persuaded to leave the shelter of their homes, which in many instances they have not done for some considerable time. In addition, the participation in group therapy is extremely beneficial to their physical and mental condition.

Secondly, the concentration of the patients at the centre enables a much greater economic use of the Therapist's time.

In one month on an average of sixteen patients in two half-days per week the treatment achieved is equivalent to a minimum of 128 home visits. During the year, 1,232 home visits were made in addition to the work done at the centre.

Since the inception of the Occupational Therapy Service, 12 patients have returned to work, five patients have been referred to the Industrial Rehabilitation Unit, Long Eaton, and have progressed sufficiently to do work within the limitations imposed by their residual disabilities.

One of the many interesting cases referred to Occupational Therapy Departments by the Senior Social Medical Worker was that of a patient aged 52 years.

Diagnosis—right Hemiplegia and Aphasia. Depressed and apathetic man almost in despair.

General practitioner's prognosis poor.

Aim of treatment was to arouse interest and enthusiasm of self-care, also to encourage balance and general mobility of the affected limbs.

Domiciliary Occupational Therapy was extensive until patient became mobile at which stage he was introduced to group therapy at the centre. After two months the patient's speech improved considerably.

To enable patient to use his right hand a sling suspension was devised for the arm and with this aid he sand-papered various chair parts although his movements were very limited. Later his condition improved so much he dispensed with the sling and achieved a wide range of activities. Wood sawing was introduced for co-ordination and standing tolerance.

The condition of the limbs has improved to a remarkable extent and the patient is now able to dig his own garden. He is now waiting for the opportunity to take light employment with his firm when available.

Not all the credit for the successful treatment of this case can be attributed to Occupational Therapy, for the medical social team have rendered invaluable assistance.

Home Help Service—1963.

Report by Mrs E. C. Baker, Supervisor.

During the year 1,963 there were 1,103 new and existing cases compared with 956 in 1962 and 1068 cases were dealt with compared with 933 last year.

Details are as follows:—

		No. of applications received.	No. of cases attended.	Assessed at		No. of applications withdrawn.	Assessed at	
				Full Fee.	Reduced Fee.		Full Fee.	Reduced Fee.
Home Helps—Maternity	...	16	11	10	1	5	3	2
Domestic Helps—								
Illness	... ..	84	70	37	33	14	7	7
Tuberculosis	... ..	12	12	—	12	—	—	—
Aged and Blind	... ..	991	975	98	877	16	5	11
TOTAL	... ..	1103	1068	145	923	35	15	20

The detailed comparison for the years 1958–1963 is as follows:—

Year.	Applications Received (inc. old cases).	Applications Withdrawn.	Full Fee Charged.	Reduced Fee Charged.	Home Helps Employed.	Attendances Made.
1958	748	31	89	628	89	22,658
1959	822	63	76	683	90	24,121
1960	860	57	94	709	100	27,569
1961	936	27	122	787	107	27,081
1962	956	23	120	813	109	26,700
1963	1,103	35	145	923	115	29,657

The number of three-hourly attendances made by the Home Helps during the year was 29,657, and 1,482 visits were made by the Supervisor and 1,194 by the Assistant.

During the year there were 399 applications made from the following sources:—

	...	...	...	...	...	...	29
Doctors	...	...	...	...	...	...	38
Hospitals	...	...	...	...	...	...	2
Councillors	...	...	...	...	...	...	62
National Assistance Board	...	...	...	...	...	...	48
Welfare	...	...	...	...	...	...	4
Mental Welfare	...	...	...	...	...	...	8
Social Welfare Service	...	...	...	...	...	...	16
Health Visitors	...	...	...	...	...	...	6
Housing	...	...	...	...	...	...	170
General Public	...	...	...	...	...	...	7
Blind Welfare	...	...	...	...	...	...	5
Home Nursing Service	...	...	...	...	...	...	4
W.V.S.	...	...	...	...	...	...
							<hr/> 399 <hr/>

The great demand for help from this Service during the earlier part of the year was due to the severe climatical conditions. Some of the cases found it extremely difficult to get shopping done, this task therefore fell to the home helps. It was not unusual at this period for the helps to have to thaw pipes on arrival at the homes in order to get water to clean with, in some cases water had to be carried from two to three houses away. Thanks are due to the home helps for the efficient and willing way in which they dealt with the situation. I cannot speak too highly of the staff; the work done by them is really excellent.

A number of the applications received this year for home helps were from aged people who originally relied on their married children to do the cleaning, but owing to the financial position at home the children had found it necessary to obtain work themselves. Every effort was made to help the aged parents in this position.

It has been apparent over the years that in some cases a home help supplied earlier than actually applied for, could have resulted in a less neglected condition in the homes. Old people are naturally of an independent nature, and they postpone asking for help until they have exhausted themselves and can continue no longer.

There have been many enquiries for maternity cases, but there has been very little change from previous years in the amount actually supplied with help, due to the fact that the people concerned arranged for a neighbour to assist at a lower cost.

The Supervisor and Assistant make regular visits to all the homes; enquiries are constantly made to assess whether, finances permitting, more help could be supplied to the benefit of the people. Houses are inspected

and punctuality and efficiency of the home helps are noted. Any complaints are dealt with immediately, frequent visiting keeps the Service running smoothly and complaints are practically non-existent.

The greatest anxiety this year has been the problem of demand exceeding the supply. Absenteeism on the part of the home helps due to family and personal illness, has made it necessary for the constant changing of cases in order to supply home help evenly between the old people.

Cremation.

During the period to 31st December, 1963, 2,666 cremations were carried out. Of this number, 877 were in respect of persons who resided in the Borough and 1,789 in respect of persons from other areas.

Epileptics and Spastics.

Incidence :—

YEAR.	EPILEPTICS.		SPASTICS.	
	Male.	Female	Male.	Female.
1956	—	—	1	—
1957	2	3	—	—
1958	1	—	—	1
1959	1	1	1	7
1960	—	1	1	1
1961	3	1	3	2
1962	3	5	1	2
1963	10	4	3	4
Total number of cases in the Borough (age 0—15 years) known to the Medical Officer of Health at 31/12/63.	20	9	14	22

It is not possible to give the precise number of persons suffering from epilepsy and cerebral palsy but, having regard to the information contained in Ministry of Health Circular 26/53, it is estimated that there may be up to 28 epileptics and possibly up to 50 spastics over the age of 15 years in the Borough. Other known details as at 31/12/63 are as follows :—

Spastics.

Blind spastic	...	...	...	...	...	1 female.
Maintained in Colony	...	...	...	...	...	1 male.

Partially Sighted Spastics .

One female, 20 years old.

One boy, 13 years old.

Epileptics.

Maintained in colonies 4 males, 3 females.

Maintained in Part III accommodation provided
by the Council 3 males, 3 females.

Briefly, the facilities available under the local health services for the area are as follows :—

Diagnosis, treatment and assessment are available from general practitioners and hospitals. Children under 15 automatically come to the notice of the School Health Service, and this Service maintains close supervision over the cases and, where necessary, contacts general practitioners and the hospitals in cases of difficulty. Furthermore, there is a local arrangement whereby the School Health Service contacts the Welfare Department at least 12 months before the child reaches the age of 16 years, so that the Welfare Department is brought into the picture at an early age. Responsibility for the liaison between the School Health Service and the Welfare Department has been given to the Senior School Medical Officer, and this arrangement appears to be working quite satisfactorily. The main difficulty with the spastics lies in accommodation, and at the time of writing plans are afoot to see whether a small unit can be provided for those spastic children capable of benefiting from treatment and education.

There is excellent co-operation between the School Health Service and the pediatric services of the hospitals.

Blind Welfare.

The following information is supplied by Mr. L. W. Horton, Chief Executive Officer, Welfare Department.

Number of blind persons on register at 31-12-62	...	...	...	279
New patients added to register during 1963	...	...	...	57
Transfers into the Borough from other areas	...	...	...	8
				—
Number of blind persons reported as having died	...	...	...	32
Transfers out of the Borough to other areas	...	...	...	7
Transfer from Blind to Partially Sighted Register	...	...	...	—
				—
Number of blind persons on register at 31-12-63	...	...	...	299
Number of children of school age included in above	...	...	...	4
Number of partially sighted persons on register at				
31-12-63	...	...	...	81

Details of blind persons on register at 31/12/63 are as follows:—

Age Periods of Registered Blind Persons.

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	—	—	1	1	—	4	5	5	15	6	19	61	117
F.	—	—	—	—	—	2	—	1	1	1	9	22	8	18	120	182
TOTAL	—	—	—	—	—	3	1	1	5	6	14	37	14	37	181	299

Age at Onset of Blindness.

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Un-known	Total.
M.	10	—	1	—	—	4	1	5	8	5	8	12	14	12	37	—	117
F.	13	—	—	—	—	6	2	1	2	4	11	23	19	16	84	1	182
TOTAL	23	—	1	—	—	10	3	6	10	9	19	35	33	28	121	1	299

Children, Age under 16.

	Under 2.		Age 2—4.				Age 5—15.							TOTAL.			
	Resident in /at		Educable.		In- educable.		Educable.			Ineducable.							
	Sunshine or Residential Homes.	Home or Elsewhere.	Attending Nursery Schools or in Residential Homes.	At Home or Elsewhere.	In Mental Hospitals or M.D. Institutions.	At Home or Elsewhere.	Blind but no other Defects.	Blind with no other Defects.	Blind but no other Defects.	Blind with other Defects.	Not at School.	In Mental Hospitals or M.D. Institutions.	Blind.		Blind with multiple Defects.	Blind.	Blind with multiple Defects.
M.	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	2
F.	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	2
TOTAL	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	1	4

Education, Training and Employment. Age Periods, 16 years and upwards.

	<i>Employed.</i>					<i>Under-going Training.</i>		<i>Unemployed.</i>							(n)	(o)	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)				
	<i>In Workshops for the Blind.</i>	<i>As Approved Home Workers.</i>	<i>All Others not included in either (a) or (b).</i>	<i>TOTAL EMPLOYED.</i>	<i>No. of Women over 60 and Men over 65 who are employed included in (d).</i>	<i>For Sheltered Employment.</i>	<i>For Open Employment.</i>	<i>Trained but unemployed.</i>	<i>No Training but Trainable</i>	<i>No Training</i>	<i>Not available for employment.</i>	<i>Not Capable of Work.</i>	<i>Not Employed over 65.</i>				
M.	2	—	16	18	—	—	1	—	1	—	—	2	6	7	80	115	21
F.	—	—	5	5	—	—	—	—	—	—	—	—	21	16	138	180	4
TOTAL	2	—	21	23	—	—	1	—	1	—	—	2	27	23	218	295	25
GRAND TOTAL.																	
No. of Persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (m)																	

Occupations of Employed Blind Persons.

	<i>Mat Makers & Chair Seaters and Basket Makers.</i>	<i>Clerks and Typists</i>	<i>Newsagent.</i>	<i>Factory Operatives.</i>	<i>Massage and Physio-Therapy.</i>	<i>Hawkers.</i>	<i>Piano Tuners.</i>	<i>Packers.</i>	<i>Telephone Operators.</i>	<i>Other Open Employment.</i>	<i>Gardener.</i>	<i>Miscellaneous.</i>	TOTAL.
Within Workshops for the Blind	2	—	—	—	—	—	—	—	—	—	—	—	2
In Approved Home Workers Schemes	—	—	—	—	—	—	—	—	—	—	—	—	—
Others not Pastime Workers	—	3	1	4	—	1	—	—	1	11	—	—	21
TOTAL	2	3	1	4	—	1	—	—	1	11	—	—	23

Physically and Mentally Defective and Mentally Disordered- All Ages.

	(a) <i>Mentally ill.</i>	(b) <i>Mentally Sub-Normal.</i>	(c) <i>Physically Defective.</i>	(d) <i>Deaf without Speech.</i>	(e) <i>Deaf with Speech.</i>	(f) <i>Hard of Hearing.</i>	<i>Not included in (a) to (f) but combination of :—</i>					TOTAL.
							<i>(b),(c) and (f)</i>	<i>(c) and (e)</i>	<i>(a) and (e)</i>	<i>(a) and (f)</i>	<i>(b) and (c)</i>	
M. ...	1	2	5	—	1	13	—	—	1	—	1	24
F. ...	3	2	9	—	3	17	—	1	—	1	—	36
TOTAL ...	4	4	14	—	4	30	—	1	1	1	1	60

Blind Persons age 16 and upwards—resident in

	<i>Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21</i>		<i>Other Residential Homes.</i>	<i>Mental Hospitals.</i>	<i>Mental Deficiency Institutions</i>	<i>Chronic Wards of Hospitals.</i>	TOTAL.
	<i>Homes for the Blind.</i>	<i>Other Homes.</i>					
M. ..	9	4	—	3	—	3	19
F. ..	12	4	2	4	—	2	24
TOTAL ..	21	8	2	7	—	5	43

Miscellaneous Information—Number of

Social Centres	1
Handicraft Classes	2
Special Classes and Socials for the Deaf Blind ...	—
Persons newly employed in open industry during the year	—
Persons discharged from open industry during the year	1
St. Dunstan's	5

Blind Persons Registered as New Cases (not transfers) during the Year—Age Periods.

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	—	—	—	—	—	2	1	1	2	3	3	7	19
F.	—	—	—	—	—	—	—	—	—	—	—	4	4	2	22	32
TOTAL	—	—	—	—	—	—	—	—	2	1	1	6	7	5	29	51

**Blind Persons Registered as New Cases (not transfers) during the Year—
Age at Onset of Blindness.**

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total
M.	—	—	—	—	—	—	—	1	2	—	1	2	3	3	7	19
F.	—	—	—	—	—	—	—	—	—	—	—	5	5	—	22	23
TOTAL	—	—	—	—	—	—	—	1	2	—	1	7	8	3	29	51

The Local Authority employs three visitors and teachers of the blind all holding the qualification of the College of Teachers of the Blind, and a trainee visitor and teacher.

Every effort is made to discover and assist any new cases of blindness. Home visiting and practical help is given to all blind persons known to us and residing within the Borough. Social amenities are made known and used whenever possible. Extra attention is given to the deaf-blind and any who may be suffering from some other form of handicap the nature of which is such as to increase the disability of blindness. For a small charge a home help is provided where necessary. Arrangements are also made for the provision, licensing and maintenance of wireless sets, and also the provision of dog licences and omnibus passes.

Each Tuesday and Thursday afternoon is devoted to work at the Social Centre, Guildhall, Market Place, where instruction is given in pastime occupations, or a game of dominoes, cards or draughts may be enjoyed.

The sitting room at the Centre is light and warm and contains a number of easy chairs. Here, with this added comfort, our older people spend many happy hours, and on Thursday afternoons readings are given on occasions. An instruction class in Old Tyme Dancing is held on alternate Thursdays.

Teaching of the following subjects and handicrafts is carried out by the staff: Braille reading and writing, Moon reading, sea-grass seating, cane seating, rug making, hand knitting, bead work, straw plait work, string bag making.

Theatre parties and amateur shows are arranged throughout the year. Motor coach outings are arranged throughout the summer. The two most important events of the year are the annual outing and Christmas dinner party which are provided by the Local Authority.

Provision is also made for an annual summer holiday of one week, which is taken collectively and under the supervision of the Blind Welfare staff. In this way much pleasure has been given to many people who would otherwise never have left their home town, and as half the cost is borne by the Welfare Committee and the other half by the blind person, the charge is definitely within the reach of all concerned.

Another additional service for the blind takes the form of a monthly Chiropody Clinic, which is held at our Social Centre on the chosen days from 9.00 a.m. to 5.00 p.m. The Chiropodist attending allows approximately half an hour for each patient, and the sessions are always fully booked. We are grateful to him for only making a charge of 3s. 6d. per person which covers any treatment that may be considered necessary at the time of appointment.

Registration of blind persons is carried out in conjunction with the Ophthalmologists, which is in accordance with the Ministry of Health requirements, Form B.D. 8 being completed in all cases. In the case of bedridden patients, and others so physically handicapped as to be unable to attend the clinic in person, arrangements are made for the Ophthalmologists to visit them in their homes.

The same services are available to persons on the Register of the Partially-Sighted, particularly to those who are considered by the Ophthalmologist to be likely to go blind within four years. Others, whom it is considered appropriate, are included in the provision of Welfare services for the Physically Handicapped.

The many demands in the field of Blind Welfare seem to be ever increasing and some of our duties must be left with seemingly insufficient attention, but we are, nevertheless, happy to report that despite the many office and routine tasks which must be carried out, we were able to make a large number of visits, to blind persons in their homes, and in various hospitals and Homes.

We are grateful to all who have assisted during the year by bringing to our notice people with severe sight defects and wish to point out that we are not only interested in those who are in financial difficulties through their disability. There are many ways in which our knowledge can assist those whose sight has failed or is failing and we are always glad to hear of them. Registration as a blind or partially-sighted person is, of course, quite voluntary.

Follow-up of Registered Blind and Partially Sighted Cases.

(i) Number of cases registered during the year in respect of which para 7 (c) of Forms B.D.8 recommends:—	Cause of Disability.			
	<i>Cataract.</i>	<i>Glaucoma.</i>	<i>Retrolental Fibroplasia.</i>	<i>Other.</i>
(a) No treatment:—34	3	5	—	26
(b) Treatment (medical, surgical or optical):—29	8	4	—	17
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	4	4	—	17

Section 47, National Assistance (Amendment) Act, 1951.

Three cases were admitted to Manor Hospital under this Section.

AMBULANCE SERVICE.

Mr. C. V. Roberts, Transport Manager, reports:—

Use of Service.

The increase in the number of cases carried has continued, being 5.8% above 1962, with no appreciable change in the mileage.

Vehicles.

The authorised fleet has been increased by an additional ambulance, and now consists of six ambulances, six dual-purpose vehicles and one car.

Personnel.

The staff is now one Superintendent, five shift leaders and 28 ambulance drivers.

Patients Carried.

				<i>Ambulances.</i>	<i>Sitting Case Vehicles.</i>	<i>Total.</i>
Emergency calls	...	...	...	1,699	460	2,159
Other cases	...	...	...	17,592	40,644	58,236
				<u>19,291</u>	<u>41,104</u>	<u>60,395</u>

Mileage.

				<i>Ambulances.</i>	<i>Sitting Case Vehicles.</i>	<i>Total.</i>
With patients	...	...	...	58,705	127,683	186,388
Midwifery apparatus	...	...	...	57	933	990
Other journeys	...	...	...	1,649	3,281	4,930
				<u>60,411</u>	<u>131,897</u>	<u>192,308</u>

Co-operation, etc.

I am glad to place on record again my appreciation of the valuable assistance of members of the British Red Cross Society and St. John Ambulance Association, acting as escorts for some of the long-distance journeys by public transport.

Ready co-operation and help have also been given by hospitals, doctors, other ambulance authorities, and the staff of British Railways.

PUBLIC SWIMMING BATHS.

There are two bathing establishments in Derby, Reginald Street, where the facilities offered are a pool 100ft. by 30ft., a Turkish and Russian Suite, Slipper Baths and a Laundry; the other establishment at Queen Street offers three pools, one 100ft. by 40ft., one 100ft. by 32ft., and a new Teaching Pool 60ft. by 24ft. by 2ft. 9ins. deep. The temperature of the Teaching Pool is maintained at a higher temperature than is usual in swimming pools, this being ideal for teaching purposes. Slipper Baths are also available at this establishment.

The water supplying the pools is a blend from the Derwent Valley and Little Eaton and is supplied by the South Derbyshire Water Board, who soften and pre-treat it. Before being passed through sand filters under pump pressure the water is treated with chemicals. After filtration the water is heated, and sterilized. Liquid chlorine is the sterilizing agent and to provide the modern method of "Breakpoint Chlorination" (at least three parts free chlorine to 1 part combined) which ensures rapid extermination of bacteria, clear, attractive pool water, odour free bath halls, and long filter runs between cleaning the filter beds, with resultant economy in fuel, water, and chemicals. Filter beds are cleaned or "back-washed" on average once a week by reversing the normal direction of water flow to waste drains, and so carrying the dirt arrested by the filters to main sewers.

To ensure that pool water is both safe and attractive to bathe in, water samples are taken from all pools every two hours and tested for bicarbonate alkalinity, Ph. values, and free and combined residual chlorine. To cope with this twenty-four hour a day problem, a combination of the latest methods of water testing is used, *i.e.* the Lovibond Comparator together with the Palin's Tablet Tests.

X.—SANITARY CIRCUMSTANCES AND FOOD INSPECTION.

BY

MR. R. DAVIES, CHIEF PUBLIC HEALTH INSPECTOR.

GENERAL.

Nineteen-sixty-three proved to be yet another uneventful year as far as the general policy of the Public Health Inspectors' Department was concerned, the variation being only with regard to detail. This, as in previous years, could be attributed entirely to the continued staff difficulties. The emphasis, yet again, was on maintaining a steady concentration on the priorities of slum clearance, clean air and meat inspection.

Food hygiene, as in previous years, did not receive the amount of routine attention which could be considered desirable though a lot of support was received from the public who made various complaints to the Department from time to time, sometimes about the condition of various articles of food, sometimes with regard to the food premises concerned. In all cases, a thorough investigation was made, and where the circumstances warranted, a full report made to the Health Committee. Such complaints, though they may not warrant legal action in each case are of considerable help to the department as they enable our restricted resources to be used to the best advantage. What should be known as the "Food Control Section", however, became virtually the "Meat Inspection Section" for little work other than 100% meat inspection could be carried out by the limited number of inspectors concerned.

Houses in multi-occupation, despite the legal powers of the Housing Act, 1961, continue to be a problem incapable of satisfactory solution. Although Section 19 of the Act empowers a Local Authority to fix a limit in respect of a property and to serve a direction to abate overcrowding, in practice this has proved a very slow and cumbersome procedure and allows only for natural wastage to reduce the number of occupants to the required minimum. Where notices to quit have been given these have only created further overcrowding in hitherto undiscovered quarters. Again staff difficulties have prevented routine inspection and following up of direction notices, though some additional amenities such as cookers, sinks, wash-basins, etc., have been provided in a very limited number of cases, but in the meantime, far too many families continue to live under conditions of considerable squalor and unsatisfactory overcrowded conditions.

A further problem indicative of our time has been the irritating habit of itinerant gypsy scrap dealers squatting and camping on various demolition sites in the town. Their primitive habits and intimidating methods are a source of great annoyance to the occupants of adjacent properties, and a good deal of inspectors' time had to be spent dealing with this nuisance from these social parasites. Proper education of their many children which would help eventually to ameliorate this problem is impossible while their parents continue this nomadic way of life. There appears to be no immediate answer to the problem.

The one aspect of the work of the department which was able to make steady and uninterrupted progress was that concerned with the clean air programme. An encouraging boost to the cherished desire to make the town centre a smoke controlled area as soon as conveniently possible was provided by the decision of the Central Electricity Board to demolish part of the power station near the town centre and to convert the remainder of the generating plant to oil-fired furnaces in place of the old pulverised fuel, thus removing the grit nuisance which has bedevilled the town centre for so many years.

Although the year has not been distinguished by any particular or outstanding achievement, it proved to be one where all available resources were utilised to the best advantage and my thanks are due to all the staff in the department for their loyalty and co-operation under conditions which were not always easy and sometimes very difficult.

HOUSING.

Slum Clearance.

Once again, owing to shortage of staff, slum clearance has not kept pace with the Council's programme, only 146 houses having been inspected and represented. This compares with a yearly requirement of at least 300 houses to complete the Council's slum clearance programme within the period agreed with the Ministry of Housing and Local Government.

Confirmations of three Compulsory Purchase Orders and one Clearance Order were received during 1963. These Orders contained 432 unfit houses and three other buildings.

Rehousing of the occupants of unfit properties is now taking place at the rate of over 300 houses per year.

Houses in Multi-Occupation.

It is with regret that I have to report that following a sporadic effort at bringing the many hundreds of these houses in the town under control, work again had to be discontinued because of loss of staff. When we are in a position sometime in the future to resume our attack on the problem, unfortunately it will be so much larger than it is at present as the influx into the town of coloured immigrants, who contribute a major proportion towards the problem, steadily continues.

Improvement Grants.

Applications for Standard Grants now seem to have levelled out at a steady rate, a total of 255 applications being received during the year compared with 254 in the previous year.

One application was received for a Discretionary Grant. This was for the conversion of a large house into two self-contained flats, and this application was approved by the Council.

During the year the Council approved, in principle, the policy of improving houses by streets or areas, but, owing to shortage of staff, the scheme has not yet been put into operation.

House Purchase and Housing Act, 1959.**Improvement Grants.**

	<i>Standard Grants</i>	<i>Discretionary Grants</i>
Applications received during year ...	255	1
Applications approved	234	1
Applications rejected on planning grounds	9	—
Applications withdrawn by applicants	12	—

Circular No. 54/55 of Ministry of Housing and Local Government.**Advice to intending house purchasers.**

As a result of the above circular and official notices in the local press, 1,231 enquiries were made during the year by persons seeking information as to whether particular houses would be included in Slum Clearance Schemes.

Housing Act, 1957, Section 42.

Number of clearance areas declared	8
Number of houses in areas	146
Number of families re-housed	284
Number of houses demolished	21

Housing Act, 1957, Sections 16 and 17.

Number of dwelling houses for which Official Representations were made	6
Number of houses for which Demolition Orders were served... ..	1
Number of houses for which Closing Orders were made	5
Number of families re-housed	4
Number of houses demolished	—

Rent Act, 1957.—First Schedule.**Part I—Applications for Certificates of Disrepair.**

(1) Number of applications for certificates	5
(2) Number of decisions not to issue certificates	—
(3) Number of decisions to issue certificates	5
(a) in respect of some but not all defects	1
(b) in respect of all defects	4
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	3
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	—
(6) Number of Certificates issued	2

Part II—Applications for Cancellation of Certificates.

(7)	Applications by landlords to Local Authority for cancellation of certificates	...	...	...	...	...	1
(8)	Objections by tenants to cancellation of certificates	...					—
(9)	Decisions by Local Authority to cancel in spite of tenants' objection	...	...	...	...	...	—
(10)	Certificates cancelled by Local Authority	...	...	...			1

The following information is supplied by Mr. E. H. Gregory, Housing Manager:—

Number of Dwellings provided by Derby Corporation and let on weekly tenancy.**HOUSING STATISTICS AT 31ST DECEMBER, 1963.**

Within the Borough	...	...	...	11,224
Outside the Borough	...	...	...	5,247
Total				<u>16,471</u>

Classification :

One Bedroom	...	...	...	974
Two Bedrooms	...	...	...	3,989
Three Bedrooms	...	...	...	11,325
Four Bedrooms	...	...	...	183
Total				<u>16,471</u>

Number of Dwellings built in 1963 by Derby Corporation.

Within the Borough	...	...	...	33
Outside the Borough	...	...	...	145
Total				<u>178</u>

By other persons or bodies within the Borough 19

Houses allocated during the year for the following purposes.

Slum Clearance	...	...	...	284
Tuberculosis	...	...	...	1

INSPECTIONS AND NOTICES.

The Department received 1,682 complaints during the year, chiefly relating to housing disrepair.

4,625 visits and inspections were made and particulars of the work that has been carried out in compliance with Preliminary and Statutory Notices under the provisions of the Public Health Act are contained in the following table :—

Dwelling Houses.

Roofs	...	...	Stripped and Reslated	...	...	...	5
			Repaired	...	...	...	164
Chimney stacks	...	...	Rebuilt	...	...	...	2
			Repaired	...	...	...	19
			Pots renewed	...	...	...	20
Eavesgutters	...	...	Renewed	...	...	...	26
			Repaired	...	...	...	47
Rainwater pipes	...	...	Provided	...	...	...	8
			Renewed	...	...	...	17
			Repaired	...	...	...	24
Walls...	...	...	Rebuilt	...	...	...	5
			Repaired	...	...	...	4
Doors	...	...	Repaired	...	...	...	1
Plaster	...	...	Ceilings renewed	...	...	...	7
			Ceilings repaired	...	...	...	49
			Walls plastered	...	...	...	54
Floors	...	...	Relaid	...	...	...	7
			Repaired	...	...	...	36
			Skirtings renewed	...	...	...	2
Firegrates	...	...	Renewed	...	...	...	6
			Repaired	...	...	...	13
			Domestic smoke nuisance abated	...	...	...	2
Stairs	...	...	Repaired	...	...	...	4
Windows	...	...	Renewed	...	...	...	6
			Repaired	...	...	...	26
			Sashcords renewed	...	...	...	79
Water supply	...	...	Fittings repaired or renewed	...	...	...	43
Wash coppers	...	...	Repaired	...	...	...	1
			Removed	...	...	...	1
Sinks	...	...	Renewed	...	...	...	10
Waste pipes...	...	...	Renewed	...	...	...	12
			Repaired	...	...	...	16
Drains	...	...	Reconstructed	...	...	...	7
			Repaired	...	...	...	15
			Cleansed	...	...	...	177
			Manholes provided	...	...	...	2
			Ventilation Shafts renewed or repaired	...	...	...	9
			Inspection chamber covers renewed	...	...	...	8

Water closets	...	W.C. structures rebuilt	...	...	...	1
		W.C. structures repaired	...	...	...	56
		Fittings renewed	...	...	...	104
		Fittings repaired	...	...	...	172
Paving	...	Yard paving repaired	...	...	...	3
		Yard surfaces repaired	...	...	...	—
		Step repaired	...	...	...	1
Offensive Accumulations Removed	...	...	...	...	...	1
Cellar Grating Repaired	...	...	...	...	...	1

COMMON LODGING HOUSES.

Number on Register	...	...	...	...	...	3
Number of rooms registered for sleeping	...	...	...	...	...	38
Number of lodgers provided for	...	...	...	...	...	259

OFFENSIVE TRADES.

The following offensive trades are carried on in the Borough :—

Fellmonger	...	...	...	...	1
Rag and Bone Dealer	...	...	...	...	4
Soap Boiler	...	...	...	...	1
Tripe Boiler	...	...	...	...	1

ATMOSPHERIC POLLUTION.

The Clean Air Act, 1956.

Progress has been maintained and the number of hand fired boilers in the Borough further reduced. The number of boilers into which coal is fired by hand is now very small indeed.

During the year the Derby Corporation (No. 2) (Mackworth) Smoke Control Order became operative and the (No. 5) (Normanton) Order was confirmed.

In December, 1963, the Ministry of Housing and Local Government issued their Circular 69/63 in which attention was drawn to the changes in methods of producing gas with the result that supplies of open fire fuels from gas works are not likely to exceed the present level.

Encouragement is therefore being given to the installation of appliances which will burn hard coke, gas or electricity. Whilst this has increased the cost of domestic Smoke Control it undoubtedly tends towards greater efficiency and a higher comfort level.

During the year the Electricity Generating Station ceased to use Solid Fuel and converted to a light oil of low sulphur content. This must unquestionably lead to a reduction in pollution in the town centre.

It has not so far been found possible to start on the creation of a central smoke control area but this is still intended when time permits.

Measurement of Atmospheric Pollution.

This has been continued and some results are included:—

DAILY VOLUMETRIC FILTER READINGS.

RESULTS IN MICROGRAMMES PER CUBIC METRE.

1963.	AVERAGE FIGURES.					
	PEAR TREE POLICE STATION		NORMANTON CLINIC.		ROLLS-ROYCE FOUNDRY.	
	SMOKE.	SULPHUR.	SMOKE.	SULPHUR.	SMOKE.	SULPHUR.
January	531	570	333	373	356	878
February	488	512	275	322	304	701
March	295	258	130	151	215	262
April	273	229	120	141	169	426
May	153	138	43	84	215	208
June	68	103	38	79	134	275
July	67	99	38	70	180	188
August	83	95	37	64	248	164
September	189	163	105	103	263	287
October	226	202	87	109	244	269
November	329	291	152	167	260	243
December	458	394	243	252	294	604
TOTAL	3,160	3,054	1,601	1,915	2,882	4,505
AVERAGE ..	263	254	133	160	240	374

**COUNTY BOROUGH OF DERBY.—STANDARD DEPOSIT GAUGES FOR MEASUREMENT OF ATMOSPHERIC
POLLUTION.**

TOTAL SOLID MATTER DEPOSITED EXPRESSED TO GIVE FIGURES EQUIVALENT TO TONS PER SQUARE MILE.

	1963	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Central Bus Station	7.6	9.22	44.67	16.03	†	23.58	11.5	14.01	7.36	9.04	15.62	6.84
Markeaton Park	3.4	7.4	24.7	8.38	6.27	11.66	3.97	13.14	4.4	3.29	6.64	3.05
Technical College, Normanton Road	..	5.5	10.55	26.1	14.57	6.53	18.64	13.34	10.75	9.7	7.33	11.71	9.0
British Railways Staff College	..	3.5	5.52	27.5	6.4	8.51	12.03	8.01	8.54	6.13	6.41	11.43	7.0
East Midlands Gas Board, Pump House		3.0	3.6	40.55	9.42	7.6	11.11	9.3	18.78	7.66	7.22	10.03	8.36
Derby City Hospital	3.1	7.56	23.59	9.77	7.88	26.71	10.0	16.86	7.75	9.67	6.12	7.57
Co-operative Wholesale Society	..	11.2	7.93	21.55	12.54	10.0	14.26	6.1	23.88	6.48	8.91	9.26	12.54

† Delivery tube deflected by wind

The Noise Abatement Act, 1960.

A number of complaints have been investigated during the year and dealt with principally by informal action.

FACTORIES ACT, 1961.

There are 624 mechanical and 55 non-mechanical factories, including bakehouses, at present on the Register.

A summary of the particulars in compliance with Section 153 (i) of the Factories Act, 1961, is shown in the following tables.

Inspections.

The Department has carried out a limited amount of work under this Act, but the staff available does not permit of regular visiting of all factories.

<i>Premises</i>	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Prosecutions</i>
Factories without mechanical power	8	—	—
Factories with mechanical power	39	2	—
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)...	1	—	—
TOTAL	48	2	—

Defects Found.

Particulars	Number of Defects				Number of Prosecutions
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
Want of cleanliness	—	4	—	4	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) insufficient	—	—	—	—	—
(b) unsuitable or defective	—	—	—	1	—
(c) not separate for sexes... ..	—	1	—	1	—
Other offences against the Act (not including offences relating to out-work)	—	4	—	4	—
TOTAL	—	9	—	10	—

SEWERAGE.

The following information is supplied by Mr. W. G. Penny,
Borough Engineer and Surveyor.

New Sewers laid during the year.**Allestree Drainage/Kedleston Road Relief Sewer:**

12" Combined	...	...	...	...	...	76 lin. yds.
18" Combined	...	...	...	...	...	94 "
21" Combined	...	...	...	...	...	248 "
24" Combined	...	...	...	...	...	666 "
27" Combined	...	...	...	...	...	190 "
30" Combined	...	...	...	...	...	212 "
33" Combined	...	...	...	...	...	153 "
36" Combined	...	...	...	...	...	251 "
42" Combined	...	...	...	...	...	45 "
24" diam. Storm Water (Triple)—						
Length of single run	...	...	...	...	...	240 "

Bath Street Redevelopment Site:

6" Combined	...	...	...	...	...	80 "
9" Combined	...	...	...	...	...	83 "
12" Combined	...	...	...	...	...	86 "
6" Surface Water	...	...	...	...	...	60 "

Burton Road Service Road:

6" Foul	88 "
6" Surface Water	88 "

Burton Road Improvement:

6" Surface Water	40 "
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Cornwall Street Housing Site:

6" Foul	67 "
9" Foul	295 "
6" Surface Water	225 "
9" Surface Water	294 "

Eastern Intercepting Sewer:

12" Combined	...	...	...	...	...	79 "
15" Combined	...	...	...	...	...	267 "
18" Combined	...	...	...	...	...	86 "
36" Combined	...	...	...	...	...	461 "
42" Combined	...	...	...	...	...	130 "
54½" Combined	...	...	...	...	...	160 "
63" Combined	...	...	...	...	...	13 "

New Sewers laid—continued.*Eastern Intercepting Sewer—continued.*

48" Storm Water	...	...	...	...	...	69 lin. yds.
51" Storm Water	...	...	...	...	...	768 "
60" Storm Water	...	...	...	...	...	11 "
90" Storm Water	...	...	...	...	...	12 "
12" Surface Water	...	...	...	...	...	168 "
18" Surface Water	...	...	...	...	...	228 "
21" Surface Water	...	...	...	...	...	128 "
42" Surface Water	...	...	...	...	...	237 "

Mackworth—Fulliam Road Greenwich Drive South:

6" Foul	101 "
6" Surface Water	112 "

Kedleston Road:

6" Surface Water	150 "
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Moor Lane:

6" Surface Water	193 "
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Sunny Hill Off-site Drainage:

21" Surface Water	121 "
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Brook Course Culverted.*Cotton Brook:*

54" diameter	120 "
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Manholes Constructed.*Allestree Drainage Kedleston Road Relief Sewer:*

Combined	24
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Bath Street Redevelopment Site:

Combined	2
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Burton Road Service Road:

Foul	2
Surface Water	1

Cornwall Street Housing Site:

Foul	9
Combined	2
Surface Water	9

Duke Street:

Combined	1
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Eastern Intercepting Sewer:

Combined	16
Storm Water	9
Surface Water	9

Kedleston Road:							
Surface Water	...	...	...	...	...	...	1
Maekworth—Fulham Road/Greenwieh Drive South:							
Foul	...	...	...	...	...	...	2
Surface Water	...	...	...	...	...	...	2
Sunny Hill Off-site Drainage:							
Surface Water	...	...	...	...	...	...	1

Sewers Cleaned Out.

Total length ... 1,465 yards.

Manholes Cleaned Out.

Total ... 137

WATER SUPPLY.

The following information is supplied by Mr. I. G. Edwards, Engineer and General Manager, South Derbyshire Water Board :—

1.—The water supplied to the area has been satisfactory in (a) quality and (b) quantity.

2.—Regular examination is made of the raw water going into supply. As all water is treated, the majority of samples are taken after treatment. A total of 114 baeteriological, 9 chemical and 95 pH and hardness samples were taken, both at the works and from various points in the Derby Borough area. The results of a chemical analysis are attached hereto.

3.—Only the proportion of the supply obtained from the Derwent Valley Water Board is liable to plumbo-solvent action. Under the Derwent Valley Water Act, 1899, water supplied by the Board is required to be treated by them for the prevention of such action before the water is delivered to any of the constituent Undertakings.

4.—All water is chlorinated before being passed into supply.

5.—There is no record of the proportion of dwelling houses supplied by means of standpipes, but the figure is negligible, and it can be said that substantially the whole of the dwelling houses, of which there are 42,464 in the Borough, are supplied with water by the Undertaking.

Water Used during the year 1963.

Supply.

Number of gallons of water supplied to S.D.W.B.							
Area from Public Supply	...	...	...	...	...	...	9,266,983,000
Number of gallons per day per head of population	...	...	...	...	...	...	55.14
Percentage of total quantity from Derwent Valley supply	...	...	...	...	...	...	46.84%

Used during the year (Derby Borough).

						<i>Gallons.</i>
Sewer flushing	...	...	...	...	...	155,000
Street watering, etc.	...	...	...	...	...	—

Examples of recent Chemical Analysis taken in the County Borough area.**RESULT OF ANALYSIS.**

Appearance in 2ft. Tube	...	...	...	...	...	<i>Colour < 1 Hazen Units Turbidity < 1 P.P.M.</i>
pH Value	...	...	...	...	...	<i>7.8 Parts per Million.</i>
Total Solid Matter (Dried at 180° C.)	...	...	...	...	...	245
Free and Saline Ammonia	...	...	...	...	...	0.01
Albuminoid Ammonia	...	...	...	...	...	0.03
Nitrogen as Nitrites	...	...	...	...	...	<i>None detected.</i>
Nitrogen as Nitrates	...	...	...	...	...	0.70
Chlorine (present as Chloride)	...	...	...	...	...	30
Oxygen absorbed in four hours at 80° F.	...	...	...	...	...	0.44
Hardness:						
Temporary	...	...	...	...	...	88
Permanent	...	...	...	...	...	70
Total	...	...	...	...	...	158
Oxygen in solution	...	...	...	...	...	—
Oxygen absorbed in five days	...	...	...	...	...	—
Dissolved Carbon Dioxide	...	...	...	...	...	3
Metals:						
Iron	...	...	...	...	...	0.02
Manganese	...	...	...	...	...	0.02
Lead, Zine, Copper	...	...	...	...	...	<0.05
Residual Chlorine	...	...	...	...	...	0.01
Electrical Conductivity at 18° C.	...	...	...	...	...	372 <i>micro mhos.</i>

RESULT OF ANALYSIS.

Appearance in 2ft. Tube	...	...	...	...	Colour <1 Hazen Units.
					Turbidity <1 P.P.M.
pH Value	...	...	...	...	8.2
					Parts per Million.
Total Solid Matter (Dried at 180° C.)	...	...	...	...	230
Free and Saline Ammonia	...	...	...	...	0.04
Albuminoid Ammonia	...	...	...	...	0.01
Nitrogen as Nitrites	...	...	...	...	0.001
Nitrogen as Nitrates	...	...	...	...	0.70
Chlorine (present as Chloride)	...	...	...	...	31
Oxygen absorbed in four hours at 80° F.	...	...	...	...	0.48
Hardness:					
Temporary	...	...	...	...	69
Permanent	...	...	...	...	69
Total	...	...	...	...	138
Oxygen in solution	...	...	...	...	—
Oxygen absorbed in five days	...	...	...	...	—
Dissolved Carbon Dioxide	...	...	...	...	2
Metals:					
Iron	...	...	...	...	None detected.
Lead, Zinc, Copper	...	...	...	...	<0.05
Residual Chlorine	...	...	...	...	0.20
Electrical Conductivity at 18° C.	...	...	...	...	319 micro mhos.

REFUSE COLLECTION AND DISPOSAL.

The following statistics are supplied by Mr. C. V. Roberts, Director of Public Cleansing:—

Weight of Refuse dealt with.

House and Trade Refuse collected	...	...	...	...	40,647 tons.
Trade Refuse brought in	...	...	...	...	14,132 „
					<hr/> 54,779 „

Salvage extracted from Refuse and sold.

Tins	...	...	394 tons.	Paper and card	...	287 tons.
Iron	...	...	27 „	Non-ferrous metal	...	4 „
Textiles	...	...	84 „	Cinders	...	55 „
Food Waste	...	...	34 „			

Ashbins provided.

Corporation Houses	...	...	...	...	1,025
Other Corporation Departments	...	...	...	...	93
Private Owners	...	...	...	...	133
					<hr/> 1,251

Vehicles used for Cleansing purposes.

Collection of Refuse and Salvage	...	...	...	...	...	...	18
Disposal of Refuse :							
Bulldozer-shovel	...	...	...	...	...	...	1
Mechanical Shovel	...	...	...	...	...	...	1
Lorries	...	...	...	...	...	...	1
Street Sweeping and Watering :							
Lorry	...	...	...	...	...	...	1
Mechanical Gully Emptiers	...	...	...	...	...	...	2
Sweeping Machines	...	...	...	...	...	...	3
Street Washing Machine	...	...	...	...	...	...	1

Prevention of Damage by Pests Act, 1949.

The Rodent Control Officer continues to make steady progress in the work of Rodent Control over the Borough area and also in respect of Corporation properties and land outside the Borough. Organisation and procedure during the year was similar to that of previous years and in compliance with the requirements of the Prevention of Damage by Pests Act, 1949, comprised inspections of properties to ascertain the presence of rats and mice and treatment of any such properties found to be infested.

It has not been necessary to serve Statutory Notices under the Act, as occupiers and owners of properties have readily co-operated as it was generally realised that the primary factor in achieving the maximum results in work of this nature, was the co-ordination and application of measures by the Rodent Control Officer whose sole concern is the destruction of rats and mice as opposed to haphazard and spasmodic attempts at control.

During the year the Rodent Control Officer and the four Rodent Operatives have dealt with a total of 1,289 rats and mice infestations at dwelling houses, 398 at business premises and 83 at Corporation surface properties, 46 groups of buildings were also surveyed and "Block" treated.

Sewer Maintenance Treatment.

The Rodent Control Officer carried out the test-baiting of the Borough sewerage system and also the half-yearly maintenance treatments.

In conjunction with the sewer treatments a baiting and poison treatment was carried out in the culvert under Victoria Street. The treatment of the sewers in the Town centre was carried out at night between the hours of 9.00 p.m. and 6.00 a.m. As in previous maintenance procedure, the direct poison measures were carried out with Sodium Fluoroacetamide.

The tables show the results of the work carried out.

	<i>Test Baiting.</i>		<i>Maintenance</i>	<i>Maintenance</i>
	<i>Number</i>	<i>Number</i>	<i>Treatment</i>	<i>Treatment</i>
	<i>of Manholes Test Baited.</i>	<i>of Takes Recorded.</i>	<i>No. 1.</i>	<i>No. 2.</i>
			<i>No. of Manholes Poison Baited with Fluoroacetamide.</i>	<i>No. of Manholes Poison Baited with Fluoroacetamide.</i>
Alvaston Ward	45	11	44	44
Osmaston Ward	35	17	33	33
Pear Tree Ward	30	10	25	25
Normanton Ward	38	12	30	30
Dale Ward	40	18	40	40
Litchurch Ward	40	25	40	40
Arboretum Ward	33	18	28	28
Babington Ward	42	19	38	42
Castle Ward	35	13	35	35
Abbey Ward	38	17	35	35
Rowditch Ward	40	20	35	36
King's Mead Ward	35	16	30	30
Bridge Ward	39	18	35	34
Friar Gate Ward	42	15	39	39
Derwent Ward	46	23	44	44
Becket Ward	55	20	55	55
Victoria Street Culvert	40	19	32	30
Mackworth	26	—	—	—
TOTALS	699	291	618	620

MEAT AND FOOD INSPECTION.

The total number of animals slaughtered within the Borough during 1963 was 75,905, which was a decrease of 10,728 on the previous year. Included in the figures are 37 animals slaughtered in consequence of injury or sickness and 76 slaughtered under the Tuberculosis (Slaughter of Reactors) Order, 1950.

Carcases Inspected and Carcases Condemned during 1963.

	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Goats.</i>	<i>Pigs.</i>
Number Killed	10,511	1,354	283	28,143	14	35,600
Number Inspected	10,511	1,354	283	28,143	14	35,600
<i>All Diseases except Tuberculosis:</i>						
Whole carcases condemned ..	—	8	12	27	—	23
Carcases of which some part or organ was condemned ..	2,013	402	3	611	1	1,885
Percentage of the number inspected affected with disease other than tuberculosis ..	19.15	30.28	5.30	2.26	7.14	5.35
<i>Tuberculosis only:</i>						
Whole carcases condemned ..	2	—	—	—	—	—
Carcases of which some part or organ was condemned ..	9	17	—	—	—	376
Percentage of the number inspected affected with tuberculosis	0.10	1.25	—	—	—	1.05

Animals Slaughtered under Government Orders.

	<i>Bulls.</i>	<i>Cows.</i>	<i>Steers.</i>	<i>Heifers.</i>	<i>Calves.</i>	<i>Totals.</i>
Tuberculosis (Slaughter of Reactors) Order, 1950	3	65	2	3	3	76

Classification of Diseases other than Tuberculosis in whole carcasses and parts of carcasses condemned.

Cattle.

	<i>Totally Condemned.</i>		<i>Part Condemned.</i>	
	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Cattle excluding Cows.</i>	<i>Cows.</i>
Abscesses and Abscess Adhesions	—	—	3	1
Injury and Bruising	—	—	31	4
Oedema, General or with Emaciation	—	7	—	3
Septic Metritis	—	1	—	1
TOTALS	—	8	34	8

Sheep.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Abscesses and Abscess Adhesions	—	24
Arthritis	—	2
Pneumonia	—	2
Difficult Parturition	1	—
Injury and Bruising	1	30
Moribund	1	—
Oedema, General or with Emaciation	21	16
Neoplasms, Malignant	1	—
Pyæmia	1	—
Septicæmia	1	—
TOTALS	27	74

Pigs.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Abscesses and Abscess Adhesions	—	35
Jaundice	2	—
Arthritis	—	24
Injury and Bruising	1	32
Malformation	—	1
Oedema, General or with Emaciation ..	4	—
Peritonitis,	1	1
Neoplasms, Malignant	1	—
Urticaria	—	1
Septicaemia	6	—
Swine Erysipelas	3	—
Pyæmia	3	—
Moribund	2	—
TOTALS	23	94

Calves.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Immaturity	7	—
Injury and Bruising	—	1
Joint ill	4	—
Pneumonia	1	—
TOTALS	12	1

Goats.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Oedema, General or with Emaciation ..	—	1
TOTALS	—	1

Cysticercus Bovis.

	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Totals.</i>
Viable ..	1	—	2	2	—	2	3	—	1	—	1	—	12
Degenerate	10	9	8	9	2	14	9	10	20	16	9	7	123
TOTALS ..	11	9	10	11	2	16	12	10	21	16	10	7	135

If the number of carcasses found to be affected with *Cysticercus Bovis* is expressed as a percentage of all cattle slaughtered during the year, the average becomes 1.13 per cent. compared with 0.71 per cent. during 1962.

Weight of Meat Condemned.

	<i>Tons.</i>	<i>cwt.s.</i>	<i>qrs.</i>	<i>lbs.</i>
Beef	3	8	1	26
Mutton	—	15	1	8
Pork	2	2	1	7
Veal	—	5	3	22
Goat	—	—	—	12
Offal	23	8	3	13
Imported Meat	—	3	1	19
Imported Offal	—	—	1	15
TOTAL	30	4	3	0

Arrangements are made for all condemned meat and offal to be processed for industrial purposes at Nottingham and Nuneaton.

SLAUGHTERHOUSES ACT, 1958.

Agreement has been reached with the Minister of Agriculture, Fisheries and Food that the “appointed day” for the Borough should now be 1st July, 1964—this date would coincide with the opening of the new Corporation Abattoir, Nottingham Road.

LICENSED SLAUGHTERMEN.

New licences granted for 1963	...	...	...	...	4
Licences renewed for 1963	...	...	...	...	66
Licences in operation at end of the year	...	...	...	...	70

GENERAL FOOD INSPECTION.

The wholesale provision stores and wholesale fish and fruit markets have been regularly inspected throughout the year. The following statement shows the foodstuffs condemned as unfit for human consumption :—

				<i>Quantity.</i>			
				<i>Tons.</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Bacon	..	..	..	—	4	0	26
Biscuits	..	..	..	—	—	3	20
Cereals	..	..	..	—	1	4	4
Cheese	..	..	..	—	4	1	16
Cocoa	..	..	..	—	—	3	2
Cooked Meats	..	..	..	—	4	2	16
Fish	..	..	..	—	2	1	5
Flour	..	..	..	—	—	2	17
Fruit	..	..	..	2	3	3	21
Fruit, Dried	..	..	..	—	—	3	3
Fruit, Pulp	..	..	..	1	17	3	13
Poultry	..	..	..	—	1	3	10
Tomatoes	..	..	..	—	5	3	16
Vegetables	..	..	..	6	15	2	8
Vegetables, Dried	..	..	..	—	1	0	18
Miscellaneous Items	..	..	..	—	3	0	8
Canned Foods	..	..	..	..	..	4,739	<i>cans.</i>
Cress	..	..	..	..	..	552	<i>boxes.</i>

FOOD AND DRUGS ACT, 1955.

Inspection of Food Premises.

The number of premises registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food under Section 16 of the Food and Drugs Act, 1955, is as follows :—

Number of premises on Register at end of year	...	78
Number of premises registered during the year	...	1
Number of premises closed during the year	...	3

MILK SAMPLING.

<i>Designation of Milk.</i>	<i>Number of Samples taken and Results.</i>						
	<i>Phosphatase.</i>		<i>Methylene Blue.</i>			<i>Turbidity.</i>	
	<i>Passed.</i>	<i>Failed.</i>	<i>Passed.</i>	<i>Failed.</i>	<i>Not carried out owing to shade temperature exceeding 65° F.</i>	<i>Passed.</i>	<i>Failed.</i>
Pasteurised	41	—	36	—	5	—	—
Tuberculin Tested (Pasteurised) ..	63	1	55	1	8	—	—
Sterilised	—	—	—	—	—	24	—
Raw—Tuberculin Tested	—	—	27	—	1	—	—

Tubercle Bacilli Biological Tests.

Twenty-nine samples of milk were submitted to the laboratory for examination for the presence of tubercle bacilli and all were found to be tubercle free.

The Milk and Dairies (General) Regulations, 1959.**The Milk (Special Designation) Regulations, 1963.**

Summary of Registrations and Licences issued under the above Regulations :—

The Milk and Dairies (General) Regulations, 1959.

Number of distributors on register, year ending 1963	...	...	42
Number of dairy premises on register, year ending 1963	...	...	6

The Milk (Special Designation) Regulations, 1963.

Raw T.T. Milk—Dealers' Licences Issued	...	...	...	145
Pasteurised Milk—Dealers' (Pasteurisers) Licences Issued	...	...	...	3
Dealers' Licences Issued	...	...	...	183
Sterilised Milk—Dealers' Licences Issued	..	...	...	148

ICE CREAM.

The number of premises registered for the manufacture, storage and sale of Ice Cream under Section 16 of the Food and Drugs Act, 1955, is as follows;—

Number of premises registered for sale only during the year	..	13
Number of premises registered for manufacture and sale at the end of year	...	6
Number of premises registered for sale only at end of year	...	738

REPORT OF THE BOROUGH ANALYST.

The following is a summary of the Report of the Borough Analyst, Mr. R. W. Sutton, O.B.E., B.Sc., F.R.I.C.

Food and Drugs Act, 1955.

1. The samples submitted for examination under the above Act during the year ended 31st December, 1963, consisted of 308 Informal samples and nine Formal samples. The total of 317 represents sampling at the rate of 2.3 per 1,000 population.

2. Of the samples examined, 24 (7.6%) were classed as adulterated or below standard or as failing to comply with the appropriate legislation.

3. The various articles are listed in Table 1, which also shows the number reported against.

TABLE 1.

Article.	Formal.	In-formal.	Total.	Adulterated or not up to standard.	% Adulterated.
Almonds, Ground		1	1		
Aspirin Tablets		2	2		
Barley, Pearl		1	1		
Borax and Honey		1	1	1	
Bread Crumbs		2	2		
Butter		3	3		
Cakes		12	12		
Cake and Pudding Mixtures ..		1	1		
Canned Foods:					
Fruits		2	2		
Fish		1	1		
Meat		2	2		
Vegetables		1	1		
Miscellaneous		2	2		
Cheese, Processed & Cheese Spread		2	2		
Cheese with Beer		1	1		
Christmas Pudding		1	1		
Codeine Tablets		1	1		
Conserve		1	1		

<i>Article.</i>	<i>Formal.</i>	<i>In- formal.</i>	<i>Total.</i>	<i>Adulterated or not up to standard.</i>	<i>% Adulterated.</i>
Cooking Fat		1	1		
Corn Flour		1	1		
Cream		1	1		
Cream, Canned & Bottled ..		2	2		
Cream of Tartar		1	1		
Curry Powder		1	1		
Dehydrated Foods:					
Parsley Flakes		1	1		
Mint Flakes		1	1		
Onion Powder		1	1		
Desiccated Coconut		1	1		
Essences		6	6		
Fish Cakes		5	5		
Flour		2	2		
Flour, Self Raising		3	3		
Food Colourings		2	2		
Fruit, Crystallised		7	7		
Fruit, Dried		23	23	1	
Fruit Curd		3	3		
Fruit Juices—Lemon Juice ..		1	1		
Gelatine		1	1		
Glycerine		1	1		
Gravy Salt		1	1		
Honey		1	1		
Horse Radish & Beetroot Sauce ..		1	1		
Ice Cream		11	11	1	
Ice Lollies		3	3		
Jam		6	6		
Jelly Tablets		6	6		
Lard		1	1		
Margarine		1	1		
Marmalade		1	1		
Marzipan		2	2	1	
Meat Paste		1	1		
Meat Tenderiser		1	1		
Milk	9	83	92	13	14.1
Mincedmeat		2	2		
Monosodium Glutamate		1	1		
Mustard, Prepared		1	1		
Natural Spring Mineral Water ..		1	1		
Olive Oil		3	3		
Pea Nut Spread		1	1		
Pepper		1	1		
Pie Filling		1	1		
Pickles		2	2		
Potato Crisps		1	1		
Potted Meat		3	3	2	
Pudding or Blane Mange Powder ..		1	1		
Rice		2	2		
Rum Butter		1	1		
Saccharin Tablets		1	1		
Sago		1	1		
Sage & Onion Stuffing		1	1		
Salad Cream & Mayonnaise ..		1	1	1	
Salt		1	1		
Sauce		3	3		
Shelled Walnuts		1	1		

<i>Article.</i>	<i>Formal.</i>	<i>In- formal.</i>	<i>Total.</i>	<i>Adulterated or not up to standard.</i>	<i>% Adulterated.</i>
Soft Drinks:					
Mineral Waters		8	8		
Squashes		7	7		
Ready-to-Drink		7	7	1	
Soup Powders & Soup, Dried ..		2	2		
Spices:					
Ground Cinnamon		1	1		
Ground Cloves		1	1		
Ground Ginger		1	1		
Sponge Pudding with Jam ..		1	1		
Strawberry Syrup		1	1	1	
Sugar		1	1		
Sugar Confectionery		5	5		
Sugarless Sweetener		1	1		
Sweets		12	12	1	
Sweetening Tablets		1	1		
Tapioca		1	1		
Tea		3	3		
Toffee Apple Mix		1	1		
Tonic Drinks & Preparations ..		1	1		
Treacle		1	1		
Vitamin Concentrates		1	1	1	
TOTALS	9	308	317	24	7.6

4. Milk Samples.

Of the 92 Milk Samples examined, 13 (14.1%) were classed as adulterated or not up to standard. Eleven samples (12.0%) contained added water and two were deficient in fat. Details are given in Table 2.

TABLE 2.

<i>Serial No.</i>	<i>Formal or Informal.</i>	<i>Nature of Adulteration.</i>	<i>Observations.</i>
1597	Informal	About 2 per cent. Added Water	Follow Informal Sample No. 1698 and were taken from 8 churns on delivery to a Dairy. Vendor fined £64 together with £15 5s. 0d. costs.
1686	Informal	Contained 3.84% Fat as against the minimum requirement of 4% for Milk from Channel Island Cattle.	
1688	Informal	Contained 3.88% Fat as against the minimum requirement of 4% for Milk from Channel Island Cattle.	
1698	Informal	About 4 per cent. Added Water	
1707	Formal	About 3 per cent. Added Water	
1708	Formal	About 7 per cent. Added Water	
1709	Formal	About 3 per cent. Added Water	
1710	Formal	About 3 per cent. Added Water	
1711	Formal	About 3 per cent. Added Water	
1712	Formal	About 5 per cent. Added Water	
1713	Formal	About 5 per cent. Added Water	In course of delivery to a Dairy Company following complaint of low quality. Vendor fined £5 together with £5 9s. 0d. costs.
1714	Formal	About 5 per cent. Added Water	
1716	Formal	About 24 per cent. Added Water	

In addition to those samples listed in Table 2, twenty-four samples were deficient in non-fatty-solids but shown to be free from added water in the Hortvet Freezing Point test.

The average composition of all Milks examined during the year was as follows:—

Fat	...	...	...	...	3.61 per cent.
Non-fatty-solids	...	...	...	...	8.50 per cent.
Total Solids	...	...	...	...	12.11 per cent.

5. Samples other than Milk.

During the year, 225 samples other than Milk were examined, and 11 samples, listed in Table 3, were reported against.

TABLE 3.

<i>Serial No.</i>	<i>Article.</i>	<i>Formal or Informal.</i>	<i>Nature of Adulteration.</i>
1664	Potted Meat	Informal	Because of the presence of carbohydrate, this product should have been described as Meat Paste.
1665	Potted Meat	Informal	Because of the presence of carbohydrate, this product should have been described as Meat Paste.
1662	Vitamin Tablets	Informal	Deficient in Vitamin A.
1718	Dried Prunes	Informal	Contained Sorbic Acid contrary to the Preservatives in Food Regulations, 1962.
1726	Smoked Salmon Mayonnaise ..	Informal	Contained artificial colour prohibited from use in food manufacture in this country.
1733	Fruit Drink	Informal	Contained 1.2 p.p.m. of lead. Unsatisfactory label.
1770	Ice Cream	Informal	10% Fat deficient.
1818	Raw Sugar Marzipan	Informal	Unsatisfactory label.
1836	Strawberry Syrup	Informal	Unsatisfactory label.
1848	Borax & Honey	Informal	Contained Borax in excess of the limit specified in the British Pharmaceutical Codex, 1959.
1853	Sweets	Informal	Contained artificial colour prohibited from use in food manufacture in this country.

The Preservatives in Food Regulations, 1962.

Samples examined during the year for the presence of preservatives complied with the above Regulations with the exception of one sample of Californian Dried Prunes. This sample contained Sorbic Acid which is now permitted in this country in certain specified foods but not in Dried Fruits.

The Colouring Matter in Food Regulations, 1957.

Appropriate samples were examined under the above Regulations and many contained more than one artificial colour. With the exception of two samples listed in Table 3, all the samples complied with the Regulations.

The Smoked Salmon Mayonnaise was a Swedish preparation and contained two artificial colours not permitted for use in this country. One was not identified, but sufficient work was done to establish that it was not one of the colours included in the First Schedule to the 1957 Regulations. The other colour was Orange G.G.N., a colour permitted in a few countries but prohibited in most.

In the sample of Sweets, eight different colours were detected. One of the colours was identified as Brilliant Blue F.C.F., which is also not permitted for use in food manufacture in this country.

The Lead in Food Regulations.

A sample of Orange Drink contained 1.2 parts per million of lead which is much in excess of the limit specified for Soft Drinks in the Regulations. Further investigation at the premises where the drink was bottled showed that alterations to parts of the plant supposed to have been made with pure tin had, in fact, been made with a metal containing about 9.5 per cent. of lead.

6. Consumer Complaints.

Complaints by consumers during the year were the subject of investigation and in two instances proceedings were taken.

Excessive mould and bacterial growth was confirmed in **Steak and Kidney Pies** and foreign matter in a bottle of **Milk** was identified as a clump of steel wool. In both cases the defendants were convicted and discharged on payment of £6 13s. 0d. costs.

Other complaints concerned **Milk** supplied in a dirty bottle not adequately cleansed, fine strands of metal in **Lard**, and glass in **Corn Flakes**. **Barley Kernels**, packed locally, showed evidence of insect infestation.

Canned Meats were also the subject of complaint. In one Pork Luncheon Meat of Danish origin there was discolouration of the metal of the can and to some extent this discolouration was to be seen on the surface of the meat. The defect was due to a reaction of iron, probably derived from an imperfect tin plating, with sulphur compounds formed through breakdown of protein. Another specimen of Canned Chopped Pork was sufficiently contaminated with tin to be regarded as unsuitable for human consumption.

7. Fertilisers and Feeding Stuffs Act.

Two Formal samples of Feeding Stuffs and seven Informal samples of Fertiliser were submitted under the above Act during the year. Analytical figures on all nine samples showed the declarations to be correct within the limits of variation specified in the Fertilisers and Feeding Stuffs Regulations.

(Signed) R. W. SUTTON,

Borough Analyst.

Legal Proceedings taken during the year ending December, 1963.

<i>Date.</i>	<i>Offence.</i>	<i>Result.</i>
7/1/63	Selling eggs not of the nature, etc., or quality demanded. (Section 2 of the Food & Drugs Act, 1955).	Fined £20 and £5 5s. 0d. Advocate's fee.
27/6/63	Selling milk not of the nature, etc., or quality demanded. (Section 2 of the Food & Drugs Act, 1955).	Fined £8 on each of 8 charges with £15 5s. 0d. costs.
8/7/63	Operating loud speaker on ice-cream vehicle outside the hours allowed for that purpose. (Section 2 of the Noise Abatement Act, 1960).	Fined £2.
26/8/63	Selling milk not of the nature, etc., or quality demanded. (Section 2 of the Food & Drugs Act, 1955).	Fined £5 with £5 9s. 0d. costs.

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